

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Abbreviated UAI	Abbreviated UAI Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
Abbreviated UAI	Abbreviated UAI ADL Bathing Description	Performance level of customer being evaluated for functionality of Bathing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Bathing Total Number	Total score of customer being evaluated for functionality of Bathing. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI ADL Dressing Description	Performance level of customer being evaluated for functionality of Dressing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Dressing Total Number	Total score of customer being evaluated for functionality of Dressing. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI ADL Eating Description	Performance level of customer being evaluated for functionality of Eating. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Eating Total Number	Total score of customer being evaluated for functionality of Eating. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI ADL Toileting Description	Performance level of customer being evaluated for functionality of Toileting. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Toileting Total Number	Total score of customer being evaluated for functionality of Toileting. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI ADL Transfer Description	Performance level of customer being evaluated for functionality of Transfer. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Transfer Total Number	Total score of customer being evaluated for functionality of Transfer. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI ADL Walking Description	Performance level of customer being evaluated for functionality of Walking, mobility. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI ADL Walking Total Number	Total score of customer being evaluated for functionality of Walking, mobility. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI Assessment Date	The date of when the Abbreviated UAI assessment was conducted.
Abbreviated UAI	Abbreviated UAI Assessor First Name	The full legal first name of the person.
Abbreviated UAI	Abbreviated UAI Assessor Last Name	The full legal last name of the person.
Abbreviated UAI	Abbreviated UAI Assessor Middle Name	The full legal middle name of the person.
Abbreviated UAI	Abbreviated UAI Assessor Organization Member Number	A unique value to identify an organization member.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Abbreviated UAI	Abbreviated UAI Below Poverty Indicator	This indicates whether or not the customer's financial income is below the poverty amount.
Abbreviated UAI	Abbreviated UAI Disaster Cognitive Impairment Indicator	This signifies whether or not the customer would be unable to make reasonable decisions and seek safety in the event of a disaster.
Abbreviated UAI	Abbreviated UAI Disaster Electric Indicator	This signifies whether or not the customer would be at high risk in the event of a power failure.
Abbreviated UAI	Abbreviated UAI Disaster Indicator	This signifies whether or not the customer would be at high risk in the event of a disaster.
Abbreviated UAI	Abbreviated UAI Disaster No Access To News Indicator	This signifies whether or not the customer has no means of hearing news updates of weather or other current events that threaten safety.
Abbreviated UAI	Abbreviated UAI Disaster None Indicator	This signifies whether or not the customer is not at risk in the event of a disaster.
Abbreviated UAI	Abbreviated UAI Disaster Physical Assistance Medication Indicator	This signifies whether or not the customer would be at high risk in the event of evacuation or place them in danger of not being able to access essential medication such as insulin, etc.
Abbreviated UAI	Abbreviated UAI Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
Abbreviated UAI	Abbreviated UAI Homebound Isolated Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered isolated.
Abbreviated UAI	Abbreviated UAI Homebound Physically Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered homebound physically.
Abbreviated UAI	Abbreviated UAI Homebound Socially Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered homebound socially.
Abbreviated UAI	Abbreviated UAI IADL Laundry Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Laundry Total Number	Total score of customer being evaluated for functionality of Laundry/housekeeping. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI IADL Meal Description	Performance level of customer being evaluated for functionality of Meal Preparation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Meal Total Number	Total score of customer being evaluated for functionality of Meal Preparation. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI IADL Medications Description	Performance level of customer being evaluated for functionality of Management of medications, treatments. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Medications Total Number	Total score of customer being evaluated for functionality of Management of medications, treatments. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI IADL Money Description	Performance level of customer being evaluated for functionality of Money Management. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Money Total Number	Total score of customer being evaluated for functionality of Money Management. The total score is the selected performance level's multiplier times weight.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Abbreviated UAI	Abbreviated UAI IADL Shopping Description	Performance level of customer being evaluated for functionality of Shopping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Shopping Total Number	Total score of customer being evaluated for functionality of Shopping. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI IADL Telephone Description	Performance level of customer being evaluated for functionality of Use of Telephone. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Telephone Total Number	Total score of customer being evaluated for functionality of Use of Telephone. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI IADL Transport Description	Performance level of customer being evaluated for functionality of Transportation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Abbreviated UAI	Abbreviated UAI IADL Transport Total Number	Total score of customer being evaluated for functionality of Transportation. The total score is the selected performance level's multiplier times weight.
Abbreviated UAI	Abbreviated UAI Live Alone Indicator	This signifies whether or not the customer is living alone which means as having no related or unrelated people who share the housing unit.
Abbreviated UAI	Abbreviated UAI Max Approved Assessment Indicator	This indicates whether or not this is the latest approved assessment for this customer.
Abbreviated UAI	Abbreviated UAI Medicaid Card ID Number	The customer's Medicaid Number if the customer is a Medicaid recipient.
Abbreviated UAI	Abbreviated UAI Medicare Card ID Number	The customer's Medicare Number if the customer is a Medicare recipient.
Abbreviated UAI	Abbreviated UAI PSA Name	The organization name of the PSA which conducted the Abbreviated UAI.
Abbreviated UAI	Abbreviated UAI PSA Number	The organization number of the PSA which conducted the Abbreviated UAI.
Abbreviated UAI	Abbreviated UAI Participant Status Description	The definition that best describes the customer status for the eligibility for Home Delivered Meals and Congregate Meals.
Abbreviated UAI	Abbreviated UAI Reassessment Due Date	The date when the reassessment is supposed to be conducted.
Abbreviated UAI	Abbreviated UAI Reassessment Indicator	This indicates whether or not this is an reassessment.
Abbreviated UAI	Abbreviated UAI Risk Abuse Indicator	This signifies whether or not the customer to perform any act or failure to act intentionally or recklessly that causes harm to an adult.
Abbreviated UAI	Abbreviated UAI Risk Bladder Description	Performance level of customer being evaluated for functionality of Bladder Continence. The options are Continent, Usually Continent, Occasionally Incontinent, Frequently Incontinent, Incontinent.
Abbreviated UAI	Abbreviated UAI Risk Bladder Total Number	Total score of customer being evaluated for functionality of Bladder Continence. The total score is the multiplier times weight for this functionality.
Abbreviated UAI	Abbreviated UAI Risk By Others Indicator	This signifies whether or not someone besides the customer is responsible for the neglect, abuse or exploitation.

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Abbreviated UAI	Abbreviated UAI Risk Decision Making Indicator	This signifies whether or not the customer has the ability to organize daily routine and make consistent, reasonable, organized decisions.
Abbreviated UAI	Abbreviated UAI Risk Exploitation Indicator	This signifies whether or not the customer is at risk due to exploitation. One example of exploitation is "intentionally taking unfair advantage of an adult personally or financially".
Abbreviated UAI	Abbreviated UAI Risk Falls Indicator	This signifies whether or not the customer is at risk of falling, due to unsteadiness, or has a recent history of falling.
Abbreviated UAI	Abbreviated UAI Risk Long Term Memory Indicator	This signifies whether or not the customer has the ability to recall events that have transpired over a number of years.
Abbreviated UAI	Abbreviated UAI Risk Memory Difficulty Total Number	Total score of customer being evaluated for functionality of Memory Difficulty. The total score is the multiplier times weight for this functionality.
Abbreviated UAI	Abbreviated UAI Risk Memory Recall Indicator	This signifies whether or not the customer has the orientation to person, place and time.
Abbreviated UAI	Abbreviated UAI Risk Neglect Abuse Exploitation By Others Total	Total score of customer being evaluated for functionality of Neglect, Abuse, or Exploitation. The total score is the multiplier times weight for this functionality.
Abbreviated UAI	Abbreviated UAI Risk Neglect Indicator	This signifies whether or not the customer is at risk due to the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well being and to avoid physical or mental harm or illness.
Abbreviated UAI	Abbreviated UAI Risk Number Of Falls	The total number of times the customer has fallen.
Abbreviated UAI	Abbreviated UAI Risk Short Term Memory Indicator	This signifies whether or not the customer has the ability to recall immediate past events.
Abbreviated UAI	Abbreviated UAI Risk Support Available Indicator	This signifies whether or not the customer have the support of a caregiver or caretaker to assist in providing essential support in meeting either a physical, mental or psychological deficit.
Abbreviated UAI	Abbreviated UAI Risk Support Available Total Number	Total score of customer being evaluated for functionality of caregiver or caretaker support. The total score is the multiplier times weight for this functionality.
Abbreviated UAI	Abbreviated UAI Risk Total Number of Falls	Total score of customer being evaluated for functionality of Falls, unsteadiness. The total score is the multiplier times weight for this functionality.
Abbreviated UAI	Abbreviated UAI Total ADL Score Number	The sum of the ADL's individual Total values.
Abbreviated UAI	Abbreviated UAI Total IADL Score Number	The sum of the IADL's individual Total values.
Abbreviated UAI	Abbreviated UAI Total Risk Score Number	The sum of the Risk Factor's individual Total values.
Abbreviated UAI	Abbreviated UAI Total Threshold Score Number	The sum of the total ADLs, IADLs, and Risk Factors total scores.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Changes In Amount Food Comment	General comment related to the customer's nutrition risk. For example, What?
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Changes In Amount Food Indicator	This signifies whether or not the customer have made changes in the kind or amount of food you eat because of an illness and/or condition.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Changes In Amount Food Score	The corresponding score for the selected Nutrition Risk question.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 3 Alcoholic Daily Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 3 Alcoholic Daily Indicator	This signifies whether or not the customer drinks 3 or more alcoholic beverages daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 3 Alcoholic Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 6 Water Daily Comment	General comment related to the customer's nutrition risk. For example, how many number of glasses.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 6 Water Daily Indicator	This signifies whether or not the customer usually drink at least than 6 glasses of water, milk, or juice daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Drink 6 Water Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Alone Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Alone Indicator	This signifies whether or not the customer eats alone most of the time.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Alone Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Dairy Daily Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Dairy Daily Indicator	This signifies whether or not the customer eat less than 2 servings of dairy products daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Dairy Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Fruits Daily Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Fruits Daily Indicator	This signifies whether or not the customer eats less than 2 servings of fruits and/or vegetables daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Fruits Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Meals Daily Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Meals Daily Indicator	This signifies whether or not the customer eats less than 2 meals daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Eat Less 2 Meals Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Gained Lost 10 Pounds Comment	General comment related to the customer's nutrition risk.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Gained Lost 10 Pounds Indicator	This signifies whether or not the customer gained or lost more than 10 lbs. in the last 6 months.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Gained Lost 10 Pounds Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Not Enough Money To Buy Food Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Not Enough Money To Buy Food Indicator	This signifies whether or not the customer feel that he/she doesn't have enough money to buy food.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Not Enough Money To Buy Food Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Physically Not Able Comment	General comment related to the customer's nutrition risk. For example, Which?
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Physically Not Able Indicator	This signifies whether or not the customer are physically not always able to grocery shop, cook, and/or feed himself/herself.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Physically Not Able Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Problems With Dentures Comment	General comment related to the customer's nutrition risk. For example, Which?
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Problems With Dentures Indicator	This signifies whether or not the customer has problems with dentures, teeth, or mouth.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Problems With Dentures Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Take 3 Drugs Daily Comment	General comment related to the customer's nutrition risk.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Take 3 Drugs Daily Indicator	This signifies whether or not the customer take 3 or more prescriptions/over the counter drugs daily.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Take 3 Drugs Daily Score	The corresponding score for the selected Nutrition Risk question.
Abbreviated UAI Nutrition Risk	Abbreviated UAI Nutrition Risk Total Nutrition Risk Score	The sum of the individual selected Nutrition Risk questions' scores.
Assessor Costs	Assessor Cost Alternate Phone Number	The telephone number of the person's work place or the alternate place where the person can be reached.
Assessor Costs	Assessor Cost Assessor First Name	The full legal first name of the person.
Assessor Costs	Assessor Cost Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
Assessor Costs	Assessor Cost Assessor Last Name	The full legal last name of the person.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Assessor Costs	Assessor Cost Assessor Middle Name	The full legal middle name of the person.
Assessor Costs	Assessor Cost Assessor Preferred Name	It is the name the person prefers to be called by others. This could also be known as a nickname. For example, Bill could be the preferred name for William.
Assessor Costs	Assessor Cost Department	The name of the department within the organization that the person is associated. For example - the accounting, fiscal, service, administrative departments.
Assessor Costs	Assessor Cost E-Mail Address	The internet address the person uses to receive e-mail messages.
Assessor Costs	Assessor Cost Effective Date	The Month/Day/Year when the price for the person is valid.
Assessor Costs	Assessor Cost Fax Number	The telephone number the person uses to receive fax transmissions.
Assessor Costs	Assessor Cost Form Status Description	The description about the status of the form that the Assessor Cost information is associated. Examples are Aborted, Approved, Special Abort, and Terminal Abort.
Assessor Costs	Assessor Cost Form Type Description	The description about the type of the form that the Assessor Cost information is associated. Examples are CARE Level 1 assessment and all of the CARE Level 2 assessments.
Assessor Costs	Assessor Cost PSA Name	The organization name of the PSA which the Assessor is associated.
Assessor Costs	Assessor Cost PSA Number	The organization number of the PSA which the Assessor is associated.
Assessor Costs	Assessor Cost Primary Phone Number	The primary telephone number is the person's home number or the first place where the person can be reached.
Assessor Costs	Assessor Cost Termination Date	The Month/Day/Year when the price for the assessor is no longer valid.
Assessor Costs	Assessor Cost Title	The title of the member within the organization. The title may be social worker, administrator, etc.
Assessor Costs	Assessor Cost Unit Cost Amount	The cost the assessor charges to conduct the assessment.
Associates	Associate Address Line1	The first line of the address.
Associates	Associate Address Type	The type of address such as residence, mailing, alternate and shipping.
Associates	Associate Alternate Phone Number	The telephone number of the person's work place or the alternate place where the person can be reached.
Associates	Associate Birthday Date	The date of birth of the person.
Associates	Associate Cell Phone Number	The telephone number where the person can be reached via a cell phone.
Associates	Associate City	The city where the address is located.
Associates	Associate Current County	The two letter abbreviation of the county where the address is located.
Associates	Associate Customer Primary PSA Number	The number of the customer's primary PSA.
Associates	Associate Death Date	The Month/Day/Year the person died.
Associates	Associate Email Address	The internet address the person uses to receive e-mail messages.
Associates	Associate Ethnicity	A description of the code indicating the customer's ethnic background. Examples are African/American, Hispanic origin, American Indian/ Native Alaskan, Asian American/Pacific Islander, Non-minority/Caucasian.
Associates	Associate Ethnicity Comment	A description of the customer's ethnic background when other is selected.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Associates	Associate Fax Number	The telephone number the person uses to receive fax transmissions.
Associates	Associate First Name	The full legal first name of the person.
Associates	Associate Full Name	This is the full name of the Associate. The format for full name is Last Name, First Name Middle Name.
Associates	Associate Gender	The description that represents the gender of a person - male, female.
Associates	Associate KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
Associates	Associate Language Reads Description	The name of a language the person reads. For instance, english, spanish, german, or other.
Associates	Associate Language Speaks Description	The name of a language the person speaks. For instance, english, spanish, german, or other.
Associates	Associate Language Understands Orally Description	The name of a language the person understands orally. For instance, english, spanish, german, or other.
Associates	Associate Last Name	The full legal last name of the person.
Associates	Associate Location Description	The description of the location of a person's residence - rural, town, urban.
Associates	Associate Marital Status	The description of the Associate's marital status - single, married, widowed, significant other.
Associates	Associate Middle Name	The full legal middle name of the person.
Associates	Associate Preferred Name	It is the name the Associate prefers to be called by others. This could also be known as a nickname. For example, Bill could be the preferred name for William.
Associates	Associate Primary Phone Number	The primary telephone number is the person's home number or the first place where the person can be reached.
Associates	Associate Relationship	The name or description of the different relationships. For example, relationships may be family members, legal guardian, friend, or lawyer.
Associates	Associate Social Security Number	The Social Security Number (SSN) assigned by the federal government to the person.
Associates	Associate State	The name of the state where the address is located.
Associates	Associate Termination Date	The Month/Day/Year the person was terminated.
Associates	Associate Termination Date Indicator	This signifies whether or not the person has a termination date.
Associates	Associate Type	The description of the person associate type (i.e. emergency contact, legal guardian, financial contact, caller/referred by, primary contact, present at assessment, family member, friend/acquaintance).
Associates	Associate United States Citizen Indicator	This indicates whether or not the person is a United States citizen.
Associates	Associate Veteran Indicator	This indicates whether or not the person is a veteran.
Associates	Associate Website Address	The WorldWide Web address the person uses to receive internet messages.
Associates	Associate Zip4	The 4 digit Zip code which is generally used after 5 digit zip code to identify more specifically the location of the address.
Associates	Associate Zip5	The Zip code where the address is located.
Budget	Budget Active Indicator	This signifies whether or not the budget is active.
Budget	Budget Actual Amount	The actual expenditures of services for a funding source in a budget period.
Budget	Budget Authorized Consumed Amount	The authorized units for all service lines for all Plan of Cares for a particular funding source for a budget period of time up to the current date.

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FOLDER	ITEM OBJECT NAME	DEFINITION
Budget	Budget Authorized Unconsumed Amount	The authorized units for all service lines for all Plan of Cares for a particular funding source that is past the current date until the end of the budget period.
Budget	Budget Budget Amount	The actual budget established by funding source for a budget period which is an approved Area Plan for the services of the funding source.
Budget	Budget Document ID	Reference number to the budget established for each funding source.
Budget	Budget End Date	The Month/Day/Year the budget is authorized to end.
Budget	Budget Form Status Description	The description about the status the budget. Examples are Work In Progress, Complete, Approved.
Budget	Budget Funding ID	The identifier for the funding program. For example - OAA, CC, EM, IE, SCA, etc.
Budget	Budget Organization Number	The number of the organization that is creating the budget item.
Budget	Budget Period Close Date	The Month/Day/Year the budget process stops calculating the actual amount, authorized consumed amount, and the authorized unconsumed amount.
Budget	Budget Start Date	The Month/Day/Year the budget was authorized to begin.
Budget	Budget Version Number	The version number of the budget.
CARE Intake	CARE Intake Assessment Due Date	The date of when the CARE Intake was conducted.
CARE Intake	CARE Intake Assessor First Name	The full legal first name of the person.
CARE Intake	CARE Intake Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
CARE Intake	CARE Intake Assessor Last Name	The full legal last name of the person.
CARE Intake	CARE Intake Assessor Middle Name	The full legal middle name of the person.
CARE Intake	CARE Intake Assessor Number	The unique organization member number for the Assessor.
CARE Intake	CARE Intake Assign Date	The date the CARE Level I Assessment was assigned to an assessor.
CARE Intake	CARE Intake CDDC Case Manager Name	The legal name of the Community Developmental Disability Center's Case Manager that is involved with this customer.
CARE Intake	CARE Intake CDDC Involved Indicator	This signifies whether or not the organization Community Developmental Disability Center (CDDC) is involved. As per the law effective January 1, 1996, Developmental Disability Reform establishes county recognized community mental retardation centers such as Community Development Disability Center (CDDC) which are to provide for a single point of application, eligibility and assistance in obtaining services for individuals with developmental disabilities.
CARE Intake	CARE Intake CDDC Name	The legal name of the Community Developmental Disability Center that is involved with this customer.
CARE Intake	CARE Intake CDDC Number	The unique organization number of the Community Developmental Disability Center that is involved with this customer.
CARE Intake	CARE Intake CMHC Case Manager Name	The name of the Community Mental Health Center (CMHC) Case Manager.
CARE Intake	CARE Intake CMHC Involved Indicator	This signifies whether or not the organization Community Mental Health Center (CMHC) is involved.
CARE Intake	CARE Intake CMHC Name	The legal name of the Community Mental Health Center that is involved with this customer.

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CARE Intake	CARE Intake CMHC Number	The unique organization number of the Community Mental Health Center that is involved with this customer.
CARE Intake	CARE Intake Checked MIS Indicator	This signifies whether or not KAMIS was checked by the interviewer to see if the customer already had a CARE Intake done. MIS stands for Management Information System.
CARE Intake	CARE Intake Current Living Location Description	The description of the current living location of a person's residence.
CARE Intake	CARE Intake Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
CARE Intake	CARE Intake Development Disability Indicator	To Indicate whether or not the customer has a history of mental illness or developmental disability.
CARE Intake	CARE Intake Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
CARE Intake	CARE Intake Guardian Indicator	This signifies whether or not or unknown that the customer has a legal guardian.
CARE Intake	CARE Intake Hospital Name	The legal name of the hospital where the customer is currently located.
CARE Intake	CARE Intake Hospital Number	The unique organization number of the hospital where the customer is currently located.
CARE Intake	CARE Intake IQ Score	The IQ value of the customer which determine the customer's mental ability.
CARE Intake	CARE Intake Intake Comment	The overall comment of the interviewer about the intake and the customer.
CARE Intake	CARE Intake Intake Start Date	The date and time the Intake was taken by a case worker of an AAA.
CARE Intake	CARE Intake Interviewer Name	The name of the person who conducted the interview.
CARE Intake	CARE Intake Max Approved Intake Indicator	This indicates whether or not this is the latest approved intake for this customer.
CARE Intake	CARE Intake Mental Illness Indicator	This signifies whether or not the customer has a mental illness condition.
CARE Intake	CARE Intake Mental Retardation Indicator	This signifies whether or not the customer has a mental retardation condition.
CARE Intake	CARE Intake Nursing Facility Admit Date	This is the date of when the customer has already been admitted to the proposed nursing facility.
CARE Intake	CARE Intake Nursing Facility Name	The legal name of the nursing facility where the customer is currently located.
CARE Intake	CARE Intake Nursing Facility Number	The unique organization number of the nursing facility where the customer is currently located.
CARE Intake	CARE Intake Nursing Facility Suggestion Indicator	This signifies whether or not the customer, or others on behalf of the customer, is considering a move to a nursing facility.
CARE Intake	CARE Intake Other Location Description	The description of the location of a person's residence - rural, town, urban.
CARE Intake	CARE Intake PSA Name	The organization name of the PSA which conducted the CARE Intake.
CARE Intake	CARE Intake PSA Number	The organization number of the PSA which conducted the CARE Intake.
CARE Intake	CARE Intake Proposed Admit Date	This is the proposed date of when the customer will be admitted to the proposed nursing facility.
CARE Intake	CARE Intake Proposed Nursing Facility Name	The legal name of the proposed nursing facility where the customer may move to.
CARE Intake	CARE Intake Proposed Nursing Facility Number	The unique organization number of the proposed nursing facility where the customer may move to.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Intake	CARE Intake Referral Comment	General comment about the referral (i.e who has referred the customer and what was the overall condition of the customer during referral).
CARE Intake	CARE Intake Related Condition Indicator	This signifies whether or not the customer has a related condition to mental illness or development disability.
CARE Level 1	CARE Level 1 ADL Bathing Description	Performance level of customer being evaluated for functionality of Bathing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Bathing Total	Total score of customer being evaluated for functionality of Bathing. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 ADL Dressing Description	Performance level of customer being evaluated for functionality of Dressing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Dressing Total	Total score of customer being evaluated for functionality of Dressing. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 ADL Eating Description	Performance level of customer being evaluated for functionality of Eating. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Eating Total	Total score of customer being evaluated for functionality of Eating. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 ADL Toileting Description	Performance level of customer being evaluated for functionality of Toileting. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Toileting Total	Total score of customer being evaluated for functionality of Toileting. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 ADL Transfer Description	Performance level of customer being evaluated for functionality of Transfer. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Transfer Total	Total score of customer being evaluated for functionality of Transfer. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 ADL Walking Description	Performance level of customer being evaluated for functionality of Walking, mobility. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 ADL Walking Total	Total score of customer being evaluated for functionality of Walking, mobility. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 Ability To Express	The code that describes if the customer is able to express information. The values are Understandable, Usually understandable, Sometimes understandable and Rarely or Never understandable.
CARE Level 1	CARE Level 1 Ability To Understand	The code that describes if the customer is able to understand information. The values are Understands, Usually understands, Sometimes understands and Rarely or Never understands.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1	CARE Level 1 Assessment Comment	The overall comment about the CARE Level I Assessment.
CARE Level 1	CARE Level 1 Assessment Date	The date of when the CARE Level 1 assessment was conducted.
CARE Level 1	CARE Level 1 Assessor Hourly Rate Amount	Stores the Assessor's hourly rate that performed the assessment.
CARE Level 1	CARE Level 1 CARE Level 2 Referral Indicator	This indicates whether or not the customer is referred for a Level II Assessment.
CARE Level 1	CARE Level 1 Caregiver Availability	The code to indicate when the support or caregiver is available (i.e. full time, part time - routine, part time-intermittent, not available).
CARE Level 1	CARE Level 1 Comatose Indicator	This indicates whether or not the customer is in a comatose, persistent vegetative state.
CARE Level 1	CARE Level 1 Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
CARE Level 1	CARE Level 1 Diagnosed Mental Retardation Indicator	This signifies whether or not this condition is the one that the customer was diagnosed with prior to age 22 and that this condition is likely to continue indefinitely for the customer.
CARE Level 1	CARE Level 1 Diagnosed None Indicator	This signifies whether or not this condition is the one that the customer was diagnosed with prior to age 22 and that this condition is likely to continue indefinitely for the customer.
CARE Level 1	CARE Level 1 Diagnosed Related Condition Indicator	This signifies whether or not this condition is the one that the customer was diagnosed with prior to age 22 and that this condition is likely to continue indefinitely for the customer.
CARE Level 1	CARE Level 1 Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
CARE Level 1	CARE Level 1 IADL Laundry/Housekeeping Description	Performance level of customer being evaluated for functionality of Laundry/Housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 IADL Laundry/Housekeeping Total	Total score of customer being evaluated for functionality of Laundry/housekeeping. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Meal Description	Performance level of customer being evaluated for functionality of Meal Preparation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 IADL Meal Total	Total score of customer being evaluated for functionality of Meal Preparation. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Medications Description	Performance level of customer being evaluated for functionality of Management of medications, treatments. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 IADL Medications Total	Total score of customer being evaluated for functionality of Management of medications, treatments. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Money Description	Performance level of customer being evaluated for functionality of Money Management. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1	CARE Level 1 IADL Money Total	Total score of customer being evaluated for functionality of Money Management. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Shopping Description	Performance level of customer being evaluated for functionality of Shopping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 IADL Shopping Total	Total score of customer being evaluated for functionality of Shopping. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Telephone Description	Performance level of customer being evaluated for functionality of Use of Telephone. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable or Unwilling to Perform.
CARE Level 1	CARE Level 1 IADL Telephone Total	Total score of customer being evaluated for functionality of Use of Telephone. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 IADL Transport Description	Performance level of customer being evaluated for functionality of Transportation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to obtain or arrange.
CARE Level 1	CARE Level 1 IADL Transport Total	Total score of customer being evaluated for functionality of Transportation. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 Lives Alone Indicator	This signifies whether or not the customer is living alone which means as having no related or unrelated people who share the housing unit.
CARE Level 1	CARE Level 1 Long Term Care Description	The description of long term care service(s) for the customer. For example, Client's or family member's home without services, Client's or family member's home with services, Personal, residential or boarding care, or Nursing Facility.
CARE Level 1	CARE Level 1 MIMR Resource Client Indicator	This indicates whether or not this resource was used for the customer's MI/MR screen.
CARE Level 1	CARE Level 1 MIMR Resource Clinical Record Indicator	This indicates whether or not this resource was used for the customer's MI/MR screen.
CARE Level 1	CARE Level 1 MIMR Resource Family Indicator	This indicates whether or not this resource was used for the customer's MI/MR screen.
CARE Level 1	CARE Level 1 MIMR Resource Health Care Professional Indicator	This indicates whether or not this resource was used for the customer's MI/MR screen.
CARE Level 1	CARE Level 1 Max Approved Assessment Indicator	This indicates whether or not this is the latest approved assessment for this customer.
CARE Level 1	CARE Level 1 Mental Diagnosis Indicator	This indicates whether or not the customer has been diagnosed as having a serious mental disorder.
CARE Level 1	CARE Level 1 Nursing Facility Admit Date	This is the admission date to a nursing facility if the client is admitted on a weeknight, weekend, holiday or provisional.
CARE Level 1	CARE Level 1 Nursing Facility Name	The legal name of the nursing facility where the customer is referred to.
CARE Level 1	CARE Level 1 Nursing Facility Number	The unique organization number of the nursing facility where the customer is referred to.
CARE Level 1	CARE Level 1 Nursing Facility Stay Less 3 Months Indicator	This indicates whether or not the customer's stay in the nursing facility is anticipated to be less than 3 months.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1	CARE Level 1 PSA Number	The organization number of the PSA which conducted the CARE Level 1.
CARE Level 1	CARE Level 1 Payment Sources Medicaid Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources Medicare Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources Other Description	Description of the "other" source of payment that might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources Other Indicator	This indicates whether or not this "other" source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources Private Insurance Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources SCA Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources Self Pay Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Payment Sources VA Indicator	This indicates whether or not this source of payment might be used by the customer for support services.
CARE Level 1	CARE Level 1 Primary Contact DPOA HC Indicator	This signifies whether or not "Durable Power of Attorney for health care" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact DPOA POA Indicator	This signifies whether or not "Durable Power of Attorney/Power of Attorney" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Friend Indicator	This signifies whether or not "Friend" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Guardian Indicator	This signifies whether or not "Guardian" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Legal Oversight Indicator	This signifies whether or not "Other legal oversight" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Other Description	The description of what or who "Other" is when "Other" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Other Indicator	This signifies whether or not "Other" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Relative Indicator	This signifies whether or not "Son, daughter, or other relative" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Self Indicator	This signifies whether or not "Self" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Primary Contact Spouse Indicator	This signifies whether or not "Spouse" was selected to be the primary contact person for legal and financial matters.
CARE Level 1	CARE Level 1 Psychiatric Treatment Past 2 years InPatient Hospitalization Indicator	This indicates whether or not this psychiatric treatment was what the customer received in the past 2 years.
CARE Level 1	CARE Level 1 Psychiatric Treatment Past 2 years None Indicator	This indicates whether or not this psychiatric treatment was what the customer received in the past 2 years.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1	CARE Level 1 Psychiatric Treatment Past 2 years Partial Hospitalization Indicator	This indicates whether or not this psychiatric treatment was what the customer received in the past 2 years.
CARE Level 1	CARE Level 1 Psychiatric Treatment Past 2 years Support Services or Intervention Indicator	This indicates whether or not this psychiatric treatment was what the customer received in the past 2 years.
CARE Level 1	CARE Level 1 Risk Bladder Description	Performance level of customer being evaluated for functionality of Bladder Continence. The options are Continent, Usually Continent, Occasionally Incontinent, Frequently Incontinent, Incontinent.
CARE Level 1	CARE Level 1 Risk Bladder Total	Total score of customer being evaluated for functionality of Bladder Continence. The total score is the selected performance level's multiplier times weight.
CARE Level 1	CARE Level 1 Risk Decision Making Indicator	This signifies whether or not the customer has the ability to organize daily routine and make consistent, reasonable, organized decisions.
CARE Level 1	CARE Level 1 Risk Falls Unsteadiness Indicator	This signifies whether or not the customer is at risk of falling, due to unsteadiness, or has a recent history of falling.
CARE Level 1	CARE Level 1 Risk Impaired Hearing Indicator	This signifies whether or not the customer has any problem(s) with his/her hearing.
CARE Level 1	CARE Level 1 Risk Impaired Vision Indicator	This signifies whether or not the customer has any problem(s) with his/her vision.
CARE Level 1	CARE Level 1 Risk Long Term Memory Indicator	This signifies whether or not the customer has the ability to recall events that have transpired over a number of years.
CARE Level 1	CARE Level 1 Risk Memory Recall Indicator	This signifies whether or not the customer has the orientation to person, place and time.
CARE Level 1	CARE Level 1 Risk Memory Total	The value is the multiplier times weight based on at least one of the Memory Difficulty options is selected.. The value is the multiplier times weight based on that at least one of the Memory Difficulty options is selected..
CARE Level 1	CARE Level 1 Risk Neglect Abuse or Exploitation Experienced Indicator	This signifies whether or not the customer has been neglected, abused, or experienced exploitation.
CARE Level 1	CARE Level 1 Risk None Indicator	This signifies whether or not the customer has none of the risks factors.
CARE Level 1	CARE Level 1 Risk Self Neglect Indicator	This signifies whether or not the customer is neglecting himself/herself.
CARE Level 1	CARE Level 1 Risk Short Term Memory Indicator	This signifies whether or not the customer has the ability to recall immediate past events.
CARE Level 1	CARE Level 1 Risk Socially Inappropriate Disruptive Behavior Indicator	This signifies whether or not the customer has disruptive or socially inappropriate behavior.
CARE Level 1	CARE Level 1 Risk Wandering Indicator	This signifies whether or not the customer wanders from his/her home or current location.
CARE Level 1	CARE Level 1 Suggest Nursing Facility Indicator	This signifies whether or not the customer or anyone else suggested that the customer needs to move to a nursing facility.
CARE Level 1	CARE Level 1 Total ADL Score Number	The sum of the ADL's individual Total values.
CARE Level 1	CARE Level 1 Total IADL Score Number	The sum of the IADL's individual Total values.
CARE Level 1	CARE Level 1 Total Risk Score Number	The sum of the Risk Factor's individual Total values.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1	CARE Level 1 Total Threshold Score Number	The sum of the total ADLs, IADLs, and Risk Factors total scores.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up CARE Follow Up Date	The date the follow-up (i.e. 30 day follow-up, 60 day follow-up, 90 day follow-up) was done.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up CARE Follow Up Location Description	The description of the location of a person's residence - community, deceased, hospital, move out of state, nursing facility, prison, unable to locate.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Completed By Name	This is the name of the person who completed the 30-day or 90-day CARE Follow-up.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Cannot Afford Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Chose Not To Have Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Does Not Need Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Has Informal Support Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Services Do Not Exist Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Customer In Community Waiting For Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Data Entry Date	The date the 30 day / 90 day follow-up was data entered by the AAA.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Further Assistance Indicator	The signifies whether or not the customer wants further assistance.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Help At Home Before Nursing Facility Indicator	This signifies whether or not the customer did have any help at home before he/she went to the nursing facility.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Help Available Indicator	This signifies whether or not if additional help at home had been available, the customer could have stayed at home.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up Long Term Care Description	The description of long term care service(s) for the customer. For example, customer is in the community with no services, customer is in the community with services, customer is in a personal residential or boarding home, or customer prefers to remain in a nursing facility. These long term services are located on the 30 and 90 day follow-up forms.
CARE Level 1 30 Day Follow Up	CARE Level 1 30 Day Follow Up PSA Number	The organization number of the PSA which conducted the CARE Level 1 30 Day Follow Up.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Number of Units Needed	The number of service units needed by a customer, but was not provided.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs PSA Number	The organization number of the PSA which conducted the CARE Level 1 30 Day Follow Up.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Placement Date	The date the service for the customer was placed on the unmet need list.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Reason On Description	The description of availability codes of why the customer was added to the unmet needs or waiting list.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Removal Date	The date the service was removed from the customer's Unmet Needs list because the service became available.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Service ID	The unique value identifying the service.
CARE Level 1 30 Day Follow Up Unmet Needs	CARE Level 1 30 Day Follow Up Unmet Needs Unmet Needs Comment	General comment regarding the customer being placed on the Unmet Needs list.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up CARE Follow Up Date	The date the follow-up (i.e. 30 day follow-up, 60 day follow-up, 90 day follow-up) was done.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up CARE Follow Up Location Description	The description of the location of a person's residence - community, deceased, hospital, move out of state, nursing facility, prison, unable to locate.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Completed By Name	This is the name of the person who completed the 30-day or 90-day CARE Follow-up.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Cannot Afford Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Chose Not To Have Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Does Not Need Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Has Informal Support Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Services Not Exist Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Customer In Community Waiting For Services Indicator	This indicates whether or not this reason is why the customer is in the community without services.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Data Entry Date	The date the 30 day / 90 day follow-up was received by the AAA.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Further Assistance Indicator	The signifies whether or not the customer wants further assistance.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Help Available Indicator	This signifies whether or not if additional help at home had been available, the customer could have stayed at home.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Long Term Care Description	The description of long term care service(s) for the customer. For example, customer is in the community with no services, customer is in the community with services, customer is in a personal residential or boarding home, or customer prefers to remain in a nursing facility. These long term services are located on the 30 and 90 day follow-up forms.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up Nursing Facility Less Than 90 Days Indicator	This signifies whether or not the customer was able to come home from the nursing facility in less than 90 days.
CARE Level 1 90 Day Follow Up	CARE Level 1 90 Day Follow Up PSA Number	The organization number of the PSA which conducted the CARE Level 1 90 Day Follow Up.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Number of Units Needed	The number of service units needed by a customer, but was not provided.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs PSA Number	The organization number of the PSA which conducted the CARE Level 1 90 Day Follow Up.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Placement Date	The date the service for the customer was placed on the unmet need list.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Reason On Description	The description of reasons of why the customer was added to the unmet needs or waiting list.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Removal Date	The date the service was removed from the customer's Unmet Needs list because the service became available.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Service ID	The unique value identifying the service.
CARE Level 1 90 Day Follow Up Unmet Needs	CARE Level 1 90 Day Follow Up Unmet Needs Unmet Needs Comment	General comment regarding the customer being placed on the Unmet Needs list.
CARE Level 1 Billing	CARE Level 1 Billing Adjustment Comment	Comments about the adjustments made.
CARE Level 1 Billing	CARE Level 1 Billing Adjustment Date	This is the date that the adjustment has been made.
CARE Level 1 Billing	CARE Level 1 Billing Adjustment Number	A number assigned to the adjustment transaction.
CARE Level 1 Billing	CARE Level 1 Billing Assessor First Name	The full legal first name of the person.
CARE Level 1 Billing	CARE Level 1 Billing Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
CARE Level 1 Billing	CARE Level 1 Billing Assessor Last Name	The full legal last name of the person.
CARE Level 1 Billing	CARE Level 1 Billing Assessor Middle Name	The full legal middle name of the person.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 1 Billing	CARE Level 1 Billing Assessor Number	A unique value to identify an Assessor organization member.
CARE Level 1 Billing	CARE Level 1 Billing Cost Amount	The calculation of Assessor Cost plus Mileage Cost Amount.
CARE Level 1 Billing	CARE Level 1 Billing Current Living Location Description	The description of the current living location of a person's residence.
CARE Level 1 Billing	CARE Level 1 Billing Invoice Billing Date	The Month/Day/Year that the service was paid.
CARE Level 1 Billing	CARE Level 1 Billing Mileage	The amount of mileage to drive from and to the place where the CARE Level I assessment was conducted.
CARE Level 1 Billing	CARE Level 1 Billing PSA Number	The organization number of the PSA which conducted the CARE Level 1.
CARE Level 1 Billing	CARE Level 1 Billing Travel Time	The amount of time to travel to and from the place that the CARE Level I assessment was conducted.
CARE Level 1 Billing	CARE Level 1 Billing Unit Cost Amount	The cost of each unit of service.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Number Of Units Needed	The number of service units needed by a customer, but was not provided.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs PSA Number	The organization number of the PSA which conducted the CARE Level 1.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Placement Date	The date the service for the customer was placed on the unmet need list.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Reason On Description	The description of reasons of why the customer was added to the unmet needs or waiting list.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Removal Date	The date the service was removed from the customer's Unmet Needs list because the service became available.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Service ID	The unique value identifying the service.
CARE Level 1 Unmet Needs	CARE Level 1 Unmet Needs Unmet Needs Comment	General comment regarding the customer being placed on the Unmet Needs list.
CARE Level 2	CARE Level 2 Admission Date	The date that the customer was admitted to the NF or hospital.
CARE Level 2	CARE Level 2 Assessment Date	The date of when the CARE Level 2 assessment was conducted.
CARE Level 2	CARE Level 2 Assessor Assignment Date	The date the CARE Level II assessor was assigned to conduct the assessment.
CARE Level 2	CARE Level 2 Assessor First Name	The full legal first name of the person.
CARE Level 2	CARE Level 2 Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
CARE Level 2	CARE Level 2 Assessor Last Name	The full legal last name of the person.
CARE Level 2	CARE Level 2 Assessor Middle Name	The full legal middle name of the person.
CARE Level 2	CARE Level 2 Assessor Number	A unique value to identify an assessor.
CARE Level 2	CARE Level 2 Assessor Recommend Description	Description of what the assessor recommends for the customer's mental illness or mental retardation diagnosis.
CARE Level 2	CARE Level 2 CARE Level 2 Comment	The overall comment about the CARE Level 2 Assessment.
CARE Level 2	CARE Level 2 Clinical Records Reviewed Indicator	Whether or not the customer's clinical records were reviewed.
CARE Level 2	CARE Level 2 Contact Person Name	The name of the person to contact at the current location.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2	CARE Level 2 County Abbreviation	The two letter abbreviation of the county where the address is located.
CARE Level 2	CARE Level 2 Current Living Location Description	The description of the current living location of a person's residence.
CARE Level 2	CARE Level 2 Customer Interviewed Indicator	This signifies whether or the customer has been interviewed for this assessment.
CARE Level 2	CARE Level 2 Customer Preferred Living Arrangement	General comment on where the customer would like to live.
CARE Level 2	CARE Level 2 Date Due Back to Contractor	The date the assessment is due back to the Contractor.
CARE Level 2	CARE Level 2 Date Faxed To Consortium	The date the assessment was faxed to the Consortium.
CARE Level 2	CARE Level 2 Date Received by Contractor	The actual date that the assessment was received by the Contractor.
CARE Level 2	CARE Level 2 Date Received by KDOA	The date that the assessment was received by KDOA.
CARE Level 2	CARE Level 2 Date Referred for CARE Level 2	The date that the customer was referred for a CARE Level 2 assessment.
CARE Level 2	CARE Level 2 Days Contractor Number	Number of days that it took to send the completed Level 2 assessment to the contractor after the receipt of referral for a Level 2 assessment.
CARE Level 2	CARE Level 2 Days KDOA Number	Number of days that it took the contractor to deliver a copy of the assessment to KDOA.
CARE Level 2	CARE Level 2 Determination Cannot Be Completed Indicator	This signifies whether or not this determination can not be completed to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI TERML Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI1 MR1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI1ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI1H Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI2 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI2ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2	CARE Level 2 Determination MI3MR3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3MR3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3MRA3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3MRA3A Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MI3TRR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA 3RR	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA TX HX Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA3 RR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA3A Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIA3AR3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIABORT3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIAO Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MIAT Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR TERML Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2	CARE Level 2 Determination MR2 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR2ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR2MI1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR2MI1AR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR2MIA3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3MI3AR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3MI3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3TARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR3TMI3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR4 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR4MI3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR4MI3T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR4T Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MR4TARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRA TERM Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2	CARE Level 2 Determination MRA1 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRA1ARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRA3 Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRAG Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRAO Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRAP Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRAPARR Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Determination MRAT Indicator	This signifies whether or not this determination code was selected to identify the clinical reason of the customer's evaluation.
CARE Level 2	CARE Level 2 Family Interviewed Indicator	This signifies whether or the customer's family have been interviewed for this assessment.
CARE Level 2	CARE Level 2 First Attending Physician Name	The name of the primary physician that is attending to this customer.
CARE Level 2	CARE Level 2 Form Status Comment	The overall comment of the status of a CARE Level 2 assessment.
CARE Level 2	CARE Level 2 Form Status Description	The description about the status of a CARE Level 2 assessment. Examples are Work In Progress, Complete, Approved.
CARE Level 2	CARE Level 2 Form Type Description	The description of what the form type is. Examples of form types are CARE Level 2 - Mental Illness, CARE Level 2 - Mental Retardation, CARE Level 2 - Mental Illness Resident Review, CARE Level 2 - Mental Retardation Resident Review, CARE Level 2 - Terminal Abort.
CARE Level 2	CARE Level 2 Guardian Interviewed Indicator	This signifies whether or the customer's guardian have been interviewed for this assessment.
CARE Level 2	CARE Level 2 Guardian Name	The name of the customer's guardian that was interviewed for this assessment.
CARE Level 2	CARE Level 2 Health Care Professional Name Interviewed	The name of the customer's health care professional that was interviewed for this assessment.
CARE Level 2	CARE Level 2 Hospital Name	The legal name of the Hospital.
CARE Level 2	CARE Level 2 Hospital Organization Number	The unique organization number assigned to the Hospital.
CARE Level 2	CARE Level 2 Invoice Billing Date	The Month/Day/Year that the service was paid.
CARE Level 2	CARE Level 2 KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
CARE Level 2	CARE Level 2 KDOA Determination Date	The date and time that KDOA called the customer and/or customer's guardian to rely KDOA's determination of the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2	CARE Level 2 Living Arrangement Comment	Guardian's comments on the customer's choice of living arrangement.
CARE Level 2	CARE Level 2 Living Arrangement Indicator	This signifies whether or not the guardian agrees with the customer's choice of living arrangement.
CARE Level 2	CARE Level 2 Max Approved Assessment Indicator	This indicates whether or not this is the latest approved assessment for this customer.
CARE Level 2	CARE Level 2 Medicaid Card ID	The customer's Medicaid Number if the customer is a Medicaid recipient.
CARE Level 2	CARE Level 2 Mileage Cost Amount	The amount of mileage to drive from and to the place where the CARE Level 2 assessment was conducted.
CARE Level 2	CARE Level 2 Minimum Dataset (MDS) Reviewed Indicator	This signifies whether or not the Minimum Data Set (MDS) was reviewed for the customer's assessment.
CARE Level 2	CARE Level 2 Nursing Facility Name	The legal name of the nursing facility.
CARE Level 2	CARE Level 2 Nursing Facility Name	The legal name of the Nursing Facility where the customer is currently located.
CARE Level 2	CARE Level 2 Nursing Facility Organization Number	The unique organization number of the nursing facility.
CARE Level 2	CARE Level 2 Nursing Facility Organization Number	The organization number of the Nursing Facility where the customer is currently located.
CARE Level 2	CARE Level 2 Other Location Description	A description of the place where the CARE Level II assessment was conducted. This is populated when the assessment was conducted other than the customer's home, NF or hospital.
CARE Level 2	CARE Level 2 PSA Number	The organization number of the PSA which conducted the CARE Level 2 assessment.
CARE Level 2	CARE Level 2 Penalty Percent	The percent used to calculate late penalties.
CARE Level 2	CARE Level 2 Person Who Requested Assessment Description	The description that represents the person who requested a CARE Level II assessment be conducted for the customer. (Social Worker, Doctor, Family, Case Manager, and Guardian)
CARE Level 2	CARE Level 2 Primary Diagnosis Description	The description that indicates the customer's primary diagnosis for a CARE Level II assessment. (Mental Illness, Mental Retardation, Dual and Related Conditions)
CARE Level 2	CARE Level 2 Propose Contact Person Name	The name of the person to contact at the proposed facility where the customer may be sent.
CARE Level 2	CARE Level 2 Reason Late Comment	General comment on why the assessment wasn't sent by the due date to KDOA.
CARE Level 2	CARE Level 2 Resident Review Type Description	The description that represents the Residential Review Type (Mental Illness, Mental Retardation and Dual).
CARE Level 2	CARE Level 2 Second Attending Physician Name	The name of the secondary physician that is attending to this customer.
CARE Level 2	CARE Level 2 Type of Legal Representation Description	The description that indicates the customer's legal representation (Guardian, DPOA, Conservator, Other)
CARE Level 2	CARE Level 2 Verification of Legal Representation	Indicates whether the proper legal paper work was attached to the CARE Level II assessment to verify the customer has a legal guardian.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care IV Medications Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Incontinence Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Mobility Assistance Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Monitoring Fluid Intake Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Monitoring Special Diet Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Other Description	Description of the customer's current significant medical need or special treatment that requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 Hour Nursing Care Other Indicator	This indicates whether or not this customer's "other" current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness 24 hour Nursing Care Indicator	This indicates whether or not this customer's current significant medical need or special treatment description requires 24-hour nursing care.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Bathing Description	Performance level of customer being evaluated for functionality of Bathing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Dressing Description	Performance level of customer being evaluated for functionality of Dressing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Eating Description	Performance level of customer being evaluated for functionality of Eating. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Toileting Description	Performance level of customer being evaluated for functionality of Toileting. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Transfer Description	Performance level of customer being evaluated for functionality of Transfer. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness ADL Walking, Mobility Description	Performance level of customer being evaluated for functionality of Walking, mobility. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Active Discharge Plan Indicator	Indicates whether the customer has an active discharge/placement plan.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Case Manager Description	Description of the specific information (name, phone number, availability, etc.) of the case manager.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Case Manager Indicator	This signifies whether or not the customer is receiving support from a case manager.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Family Member Description	Description of the specific information (name, phone number, availability, etc.) of the family member.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Family Member Indicator	This signifies whether or not the customer is receiving support from a family member.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Guardian or Payee Description	Description of the specific information (name, phone number, availability, etc.) of the guardian or payee.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Guardian or Payee Indicator	This signifies whether or not the customer is receiving support from a guardian or payee.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Others Description	Description of the specific information (name, phone number, availability, etc.) of the "other" source.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Available Support Others Indicator	This signifies whether or not the customer receiving support from "other" source.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.10 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.20 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.30 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.60 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.70 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 295.90 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.03 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.04 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.23 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.24 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.32 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.33 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.34 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.35 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.36 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.43 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.44 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.53 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.54 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.63 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.64 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 296.89 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 297.10 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 298.90 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 300.21 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 300.30 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 301.83 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Axis 1 Diagnosis 999.99 Indicator	This indicates whether or not this serious mental illness description was selected as the customer's clinical diagnosis.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behavior Management Assistance Not Received Comment	General comment on why services were not provided, discontinued, or failed because the customer was not receiving case management assistance, medication assistance, etc. from CMHC.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behavior Management Assistance Received Indicator	This signifies whether or not the customer received case management assistance, medication assistance, or other behavior management assistance from a CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behavior Not Tolerated Indicator	This signifies whether or not the customer is displaying behaviors that are not tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Damage/Destroys Property Indicator	This indicates whether or not this customer's behavior description is tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Frequent/Continuous Yelling Indicator	This indicates whether or not this customer's behavior description is tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Other Description	Description of the customer's "other" behavior that isn't tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Other Indicator	This indicates whether or not this customer's "other" behavior description is tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Sexually Agressive/Expose Self Indicator	This indicates whether or not this customer's behavior description is tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Behaviors Displayed Verbally Abusive or Threatening Indicator	This indicates whether or not this customer's behavior description is tolerated by the community.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness CMHC Agree to the Placement Recommendations Indicator	Indicates whether the community mental health center (CMHC) agrees with the placement recommendations in the discharge plan or placement plan.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness CMHC Involved in Discharge/Placement Indicator	This indicates whether or not the CMHC was involved in the discharge or placement of the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness CMHC Name	The legal name of the CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Case Management Assistance Not Received Comment	General comment why the customer is not receiving case management assistance.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Case Management Assistance Received Indicator	This indicates whether or not the customer who requires 24 hour nursing care received case management assistance, attendant care services, etc. from CHMC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Case Management Indicator	Indicates whether the customer's is receiving case management.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community Support Comment	General comment describing why the intensive mental health community support services have not been provided or have failed for the customer in the past two years.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community Support Indicator	This indicates whether or not mental health community support services have been provided in the past two years for this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed AA/NA Programs Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed AA/NA Programs Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Affordable Housing Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Affordable Housing Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Assistive Devices Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Assistive Devices Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Attendant Care Svcs Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Attendant Care Svcs Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Case Management Service Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Case Management Service Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Chemical Dependency Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Chemical Dependency Indicator	This indicates whether or not this community support service or resource is needed by the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Crisis Stabilization Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Crisis Stabilization Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Housekeeping Services Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Housekeeping Svcs Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed In Home Medication Services Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed In-Home Medication Svcs Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Meals On Wheels Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Meals On Wheels Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Money Management Assist Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Money Management Assistance Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Natural Supports Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Natural Supports Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Nursing Care Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Nursing Care Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Other Services Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Other Services Description	Description of the "other" community support service or resource that is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Other Services Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Personal Care Services Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Personal Care Services Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Psychiatric Services Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Psychiatric Services Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Psychosocial Rehab Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Psychosocial Rehabilitation Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Recreational Activities Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Recreational Activities Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Social Support Act Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Social Support Activities Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Transportation Assist Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Transportation Assistance Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Vocational Assist Availability Desc	Description about the status of the availability of this community support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Community and Resources Needed Vocational Assistance Indicator	This indicates whether or not this community support service or resource is needed by the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Courtesy Assessment Contact Person at Responsible CMHC	The name of the person to contact at the responsible CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Courtesy Assessment Date Faxed to CMHC	The date that the assessment was faxed to the CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Courtesy Assessment Indicator	This indicates whether or not this assessment was conducted as a courtesy for a CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources CMHC Flex funds Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Food Stamps Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources LIEAP Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Other Benefits Description	Description of the "other benefits/formal supports" financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Other Benefits/Formal Supports Indicator	This indicates whether or not there is an "other benefits/formal supports" financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Other Income Description	Description of the "other income" financial resource for the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Other Income Indicator	This indicates whether or not there is an "other income" financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources SSI/SSDI Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Section 8 Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Customer Financial Resources Veterans Benefits Indicator	This indicates whether or not this is a financial resource for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behavior Intervention Indicator	This indicates whether or not the customer's dangerous behavior resulted in an intervention by an agency. Examples of an agency are Adult Protective Services, Law Enforcement, Hospitalization, or Incarceration.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behavior Within The Last 6 months Indicator	This signifies whether or not the customer exhibited dangerous behaviors within the last 6 months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Fire Setting Indicator	This indicates whether or not this dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Injuries Self Indicator	This indicates whether or not this dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Injuries to Others Indicator	This indicates whether or not this dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Adult Protective Services Indicator	This indicates whether or not this agency type intervened when the customer was demonstrating a dangerous behavior in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Hospitalization Indicator	This indicates whether or not this agency type intervened when the customer was demonstrating a dangerous behavior in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Incarceration Indicator	This indicates whether or not this agency type intervened when the customer was demonstrating a dangerous behavior in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Law Enforcement Indicator	This indicates whether or not this agency type intervened when the customer was demonstrating a dangerous behavior in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Other Description	Description of the "other" agency type that intervened when the customer was demonstrating a dangerous behavior in the last six months.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Intervention Other Indicator	This indicates whether or not an "other" agency type intervened when the customer was demonstrating a dangerous behavior in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Isolates Self Indicator	This indicates whether or not this dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Other Description	Description of the "other" dangerous behavior that the customer exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Other Indicator	This indicates whether or not this "other" dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Dangerous Behaviors Wandering without Regard to Safety Indicator	This indicates whether or not this dangerous behavior was exhibited by the customer in the last six months.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Discharge Planner/Case Manager Name	The legal name of the discharge planner or case manager.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Discharge Planner/Case Manager Phone Number	The telephone number where the discharge planner or case manager can be reached.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Free Time Evenings Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Free Time Weekdays Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Free Time Weekends Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Keep Appointments Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Laundry Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Management of Medications Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Meal Preparation Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Money Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Obtain Housing Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Seek Medical Help Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Shopping Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Transport Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness IADL Use of Telephone Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived Alone Indicator	This indicates whether or not this living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived In Homeless Shelter Indicator	This indicates whether or not this living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived Other Place Description	Description of the "other" living situation where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived Other Place Indicator	This indicates whether or not this "other" living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived in Group Home Indicator	This indicates whether or not this living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived in Nursing Facility Indicator	This indicates whether or not this living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Living Situations Lived with Relatives Indicator	This indicates whether or not this living situation description is where the customer has resided since age 18.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Comment	General comment describing why services were not provided, were discontinued or failed for the customer who is being referred for nursing facility admission.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Indicator	This indicates whether or not the customer who is being referred for a nursing facility admission needs medication management assistance.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Non Prescription Medication Indicator	This indicates whether or not this customer's reason for needing medication management assistance is selected.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Not Received Comment	General comment explaining why services were not provided, were discontinued, or failed for the customer who is not receiving case management assistance, medication assistance, etc. from CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Other Medication Description	Description of the "other" customer's reason for needing medication management assistance.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Other Medication Indicator	This indicates whether or not this "other" customer's reason for needing medication management assistance is selected.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Received Indicator	This indicates whether or not the customer is receiving case management assistance, medication assistance, etc. from a CMHC.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Refuses Medication Indicator	This indicates whether or not this customer's reason for needing medication management assistance is selected.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Remembering Medication Indicator	This indicates whether or not this customer's reason for needing medication management assistance is selected.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Medication Management Assistance Unable To Keep Doctor Appts Indicator	This indicates whether or not this customer's reason for needing medication management assistance is selected.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs Attendant Care Service Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs Home-Health Care Services Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs In-Home Skills Teaching Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs Intensive Case Management Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs Medication Assistance Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svcs Other Description	Description of the "other" intensive mental health community support service that have been provided in the past two years to the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svc's Other Indicator	This indicates whether or not this "other" intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svc's Residential Services Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Mental Health Comm Support Svc's Respite/Crisis Stabilization Indicator	This indicates whether or not this intensive mental health community support service that have been provided in the past two years to the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Other Mental Health Name	The name of the other mental health provider that is involved with the customer's case.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Other Mental Health Provider Involved Indicator	This signifies whether or not other mental health providers are involved with this customer's case.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness PSA Number	The organization number of the PSA which conducted the CARE Level 2 - Mental Illness.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review CMHC Case Manager Assigned Indicator	This signifies whether or not a CMHC Case Manager has been assigned to this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review CMHC Case Manager Assigned Information Comment	General comment providing the CMHC name, Case Manager's name, Case Manager's telephone number, and any other needed information.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review CMHC Case Manager Not Assigned Comment	General comment explaining why a CMHC Case Manager was not assigned to this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Change In Medication Comment	General comment describing the change in the customer's medication since the last review.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Change In Medication Indicator	This signifies whether or not there have been a change in the customer's medication since the last review.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Changes Living Arrangement Comment	General comment describing any changes in the customer's living arrangement, including hospitalization, that have occurred since the last review. This comment include the reasons why the change of the customer's living arrangement occurred and the dates when the change of the customer's living arrangement occurred.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Changes in Physical Condition Comment	General comment describing any changes in the physical condition(positive or negative) and medical needs of this customer. This comment also includes any special needs, equipment, treatment or assistance this customer requires.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Discharge Date Proposed	The proposed date when the customer is expected to be discharged from the nursing facility.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Discharge Date Set Indicator	This indicates whether or not there is a date set for the customer's discharge from the nursing facility.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Discharge Move To Destination Comment	General comment explaining where the customer will move upon discharge from the nursing facility.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Previous Assessment Date	The Month/Day/Year the previous assessment was conducted for the customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Reason Approved Temporary Nursing Facility Indicator	This indicates whether or not this resident review reason was selected for this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Reason Diagnosis of SPMI Indicator	This indicates whether or not this resident review reason was selected for this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Reason Never Been Assessed Indicator	This indicates whether or not this resident review reason was selected for this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Reason Nursing Facility Requested Indicator	This indicates whether or not this resident review reason was selected for this customer.
CARE Level 2 Mental Illness	CARE Level 2 Mental Illness Resident Review Recommendations In PASRR Indicator	This indicates whether or not the recommendations listed the customer's PASRR Level 3 approval letter been addressed.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation County Of Origin Abbreviation	The two letter abbreviation of the county where the customer is originally from.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Did Not Receive Case Management Services From CDDO Comment	General comment explaining why services were not provided, were discontinued or failed for the customer who did not receive case management services, residential/day support services, medication management, counseling/therapy, or other behavior management assistance from a CDDO or other community agency in the last six months.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Documented History of Services/Support for MR/RC Support Comment	General comment explaining the name of the CDDO or community service provider and provide date of service for the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Documented History of Services/Support for MR/RC Support Indicator	This indicates whether or not the customer have a documented history of services/support for MR/RC.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation IQ Test Comment	General comment about the customer's IQ test.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation IQ Test Date	The Month/Day/Year when the IQ test was conducted.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation IQ Test Results	This is the score of the customer's IQ test.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Is There a Current Plan Of Care Indicator	This signifies whether or not the customer has a current plan of care.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation PSA Number	The organization number of the PSA which conducted the CARE Level 2 - Mental Retardation.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Received Case Management Services From CDDO Indicator	This indicates whether or not the customer received case management services, residential/day support services, medication management, counseling/therapy, or other behavior management assistance from a CDDO or other community agency in the last six months.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Affordable Housing Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Affordable Housing Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Assistive Devices Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Assistive Devices Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Case Management Svc Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Case Management Svc Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Day Services Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Day Services Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed In-Home Support Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed In-Home Support Indicator	This indicates whether or not this support service or resource is needed by the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Meals On Wheels Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Meals On Wheels Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Medical Assistance Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Medical Assistance Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Natural Supports Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Natural Supports Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Nursing Care Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Nursing Care Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Other Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Other Services Description	Description of the "other" support service or resource needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Other Services Indicator	This indicates whether or not "other" support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Recreational Activities Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Recreational Activities Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Residential Services Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Residential Services Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Respite Available Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Respite Available Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Supported Employment Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Supported Employment Indicator	This indicates whether or not this support service or resource is needed by the customer.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Wellness Services Avail Desc	Description about the status of the availability of this support service or resource. Examples are Available, Not Available, or Unknown.
CARE Level 2 Mental Retardation	CARE Level 2 Mental Retardation Support Svcs and Resources Needed Wellness Services Indicator	This indicates whether or not this support service or resource is needed by the customer.
Case Manager	Case Manager Alternate Phone Number	The telephone number of the person's work place or the alternate place where the person can be reached.
Case Manager	Case Manager Birthday Date	The date of birth of the person.
Case Manager	Case Manager Department Name	The legal name of the Case Manager's department.
Case Manager	Case Manager Email Address	The internet address the person uses to receive e-mail messages.
Case Manager	Case Manager Fax Number	The telephone number the person uses to receive fax transmissions.
Case Manager	Case Manager First Name	The full legal first name of the person.
Case Manager	Case Manager Full Name	This is the full name of the Case Manager. The format for full name is Last Name, First Name Middle Name.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Case Manager	Case Manager Gender	The description that represents the gender of a person - male, female.
Case Manager	Case Manager Language Reads Description	The name of a language the person reads. For instance, english, spanish, german, or other.
Case Manager	Case Manager Language Speaks Description	The name of a language the person speaks. For instance, english, spanish, german, or other.
Case Manager	Case Manager Language Understands Orally Description	The name of a language the person understands orally. For instance, english, spanish, german, or other.
Case Manager	Case Manager Last Name	The full legal last name of the person.
Case Manager	Case Manager Middle Name	The full legal middle name of the person.
Case Manager	Case Manager Organization Member Number	A unique value to identify an organization member.
Case Manager	Case Manager Organization Name	The legal name of the Case Manager's organization.
Case Manager	Case Manager Organization Number	A unique value identifying this organization.
Case Manager	Case Manager Preferred Name	It is the name the Case Manager prefers to be called by others. This could also be known as a nickname. For example, Bill could be the preferred name for William.
Case Manager	Case Manager Primary Phone Number	The primary telephone number is the person's home number or the first place where the person can be reached.
Case Manager	Case Manager Social Security Number	The Social Security Number (SSN) assigned by the federal government to the person.
Case Manager	Case Manager Termination Date	The Month/Day/Year the person was terminated.
Case Manager	Case Manager Termination Date Indicator	This signifies whether or not the person has a termination date.
Case Manager	Case Manager Title	The title of the member within the organization. The title may be supervisor, case manager, van driver, cook, project manager, etc.
Customer	Customer Address Line	The first line of the address.
Customer	Customer Address Type	The type of address such as residence, mailing, alternate and shipping.
Customer	Customer Alternate Phone Number	The telephone number of the person's work place or the alternate place where the person can be reached.
Customer	Customer Birthday Date	The date of birth of the person.
Customer	Customer Cell Phone Number	The telephone number where the person can be reached via a cell phone.
Customer	Customer City	The city where the address is located.
Customer	Customer Current County	The two letter abbreviation of the county where the address is located.
Customer	Customer Death Date	The Month/Day/Year the person died.
Customer	Customer Email Address	The internet address the person uses to receive e-mail messages.
Customer	Customer Ethnicity	A description of the code indicating the customer's ethnic background. Examples are African/American, Hispanic origin, American Indian/ Native Alaskan, Asian American/Pacific Islander, Non-minority/Caucasian.
Customer	Customer Ethnicity Comment	A description of the customer's ethnic background when other is selected.
Customer	Customer Fax Number	The telephone number the person uses to receive fax transmissions.
Customer	Customer First Name	The full legal first name of the person.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Customer	Customer Full Name	This is the full name of the Customer. The format for full name is Last Name, First Name Middle Name.
Customer	Customer Gender	The description that represents the gender of a person - male, female.
Customer	Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
Customer	Customer Language Reads Description	The name of a language the person reads. For instance, english, spanish, german, or other.
Customer	Customer Language Speaks Description	The name of a language the person speaks. For instance, english, spanish, german, or other.
Customer	Customer Language Understands Orally Description	The name of a language the person understands orally. For instance, english, spanish, german, or other.
Customer	Customer Last Name	The full legal last name of the person.
Customer	Customer Location Description	The description of the location of a person's residence - rural, town, urban.
Customer	Customer Marital Status	The description of the Customer's marital status - single, married, widowed, significant other.
Customer	Customer Middle Name	The full legal middle name of the person.
Customer	Customer Preferred Name	It is the name the Customer prefers to be called by others. This could also be known as a nickname. For example, Bill could be the preferred name for William.
Customer	Customer Primary PSA Number	The number of the customer's primary PSA.
Customer	Customer Primary Phone Number	The primary telephone number is the person's home number or the first place where the person can be reached.
Customer	Customer Social Security Number	The Social Security Number (SSN) assigned by the federal government to the person.
Customer	Customer State	The name of the state where the address is located.
Customer	Customer Status	The description of what the customer status is. Examples for customer status are active, inactive, deceased.
Customer	Customer Termination Date	The Month/Day/Year the person was terminated.
Customer	Customer Termination Date Indicator	This signifies whether or not the person has a termination date.
Customer	Customer United States Citizen Indicator	This indicates whether or not the person is a United States citizen.
Customer	Customer Veteran Indicator	This indicates whether or not the person is a veteran.
Customer	Customer Website Address	The WorldWide Web address the person uses to receive internet messages.
Customer	Customer Zip4	The 4 digit Zip code which is generally used after 5 digit zip code to identify more specifically the location of the address.
Customer	Customer Zip5	The Zip code where the address is located.
Customer Case Log	Customer Case Log Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
Customer Case Log	Customer Case Log Customer PSA Number	The organization number of the PSA which conducted the Customer Case Log.
Customer Case Log	Customer Case Log Follow Up Comment	A general comment about the follow-up with the customer/provider. This comment may document a problem or a resolution to a problem or the actions taken to resolve a problem. This comment may document that services with the customer are fine and no other steps are necessary.
Customer Case Log	Customer Case Log Follow Up Date	The date the follow-up with the customer or provider was conducted.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Customer Case Log	Customer Case Log Follow Up Interviewer Name	The name of the person who conducted the interview.
Customer Case Log	Customer Case Log Start Date	The date in which the customer and /or provider was contacted to monitor services that the customer is receiving.
Customer Forms	Customer Forms Assessor First Name	The full legal first name of the person.
Customer Forms	Customer Forms Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
Customer Forms	Customer Forms Assessor Last Name	The full legal last name of the person.
Customer Forms	Customer Forms Assessor Middle Name	The full legal middle name of the person.
Customer Forms	Customer Forms Assessor Organization Member Number	A unique value to identify an Assessor organization member.
Customer Forms	Customer Forms Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
Customer Forms	Customer Forms Entity Status Description	The description of what the entity status is. Examples for entity status are active, inactive, deceased.
Customer Forms	Customer Forms Form Date	The date of the information that was gathered for a customer via the form. For example, the date of when the information was gathered for an assessment.
Customer Forms	Customer Forms Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
Customer Forms	Customer Forms Form Type Description	The description of what the form type is. Examples of form types are Intake, Full and Abbreviated UAI, Uniform Program Registration, Uniform Session Registration.
Customer Forms	Customer Forms Interviewer Name	The name of the person who conducted the interview.
Customer Forms	Customer Forms Max Approved Form Type Indicator	This indicates whether or not each form type is the latest approved form.
Customer Forms	Customer Forms PSA Number	The organization number of the PSA which conducted the intake, assessment, customer case log, etc.
Full UAI	Full UAI Disaster Cognitive Impairment Indicator	This signifies whether or not the customer would be unable to make reasonable decisions and seek safety in the event of a disaster.
Full UAI	Full UAI ADL Bathing Description	Performance level of customer being evaluated for functionality of Bathing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI ADL Bathing Total Number	Total score of customer being evaluated for functionality of Bathing. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI ADL Dressing Description	Performance level of customer being evaluated for functionality of Dressing. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI ADL Dressing Total Number	Total score of customer being evaluated for functionality of Dressing. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI ADL Eating Description	Performance level of customer being evaluated for functionality of Eating. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI	Full UAI ADL Eating Total Number	Total score of customer being evaluated for functionality of Eating. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI ADL Toileting Description	Performance level of customer being evaluated for functionality of Toileting. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI ADL Toileting Total Number	Total score of customer being evaluated for functionality of Toileting. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI ADL Transfer Description	Performance level of customer being evaluated for functionality of Transfer. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI ADL Transfer Total Number	Total score of customer being evaluated for functionality of Transfer. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI ADL Walking Description	Performance level of customer being evaluated for functionality of Walking, mobility. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI ADL Walking Total Number	Total score of customer being evaluated for functionality of Walking, mobility. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI Assessment Date	The date of when the Full UAI assessment was conducted.
Full UAI	Full UAI Assessor First Name	The full legal first name of the person.
Full UAI	Full UAI Assessor Full Name	This is the full name of the person. The format for full name is Last Name, First Name Middle Name.
Full UAI	Full UAI Assessor Last Name	The full legal last name of the person.
Full UAI	Full UAI Assessor Middle Name	The full legal middle name of the person.
Full UAI	Full UAI Assessor Organization Member Number	A unique value to identify an organization member.
Full UAI	Full UAI Below Poverty Indicator	This indicates whether or not the customer's financial income is below the poverty amount.
Full UAI	Full UAI Disaster Electric Indicator	This signifies whether or not the customer would be at high risk in the event of a power failure.
Full UAI	Full UAI Disaster Indicator	This signifies whether or not the customer would be at high risk in the event of a disaster.
Full UAI	Full UAI Disaster No Access To News Indicator	This signifies whether or not the customer has no means of hearing news updates of weather or other current events that threaten safety.
Full UAI	Full UAI Disaster None Indicator	This signifies whether or not the customer is not at risk in the event of a disaster.
Full UAI	Full UAI Disaster Physical Assistance Medication Indicator	This signifies whether or not the customer would be at high risk in the event of evacuation or place them in danger of not being able to access essential medication such as insulin, etc.
Full UAI	Full UAI Financial SRS Financial Assistance	Description about the status of the customer need for financial assistance. Examples are Yes, No, Received.
Full UAI	Full UAI Financial SRS Food Stamp Assistance	Description about the status of the customer need for food stamp assistance. Examples are Yes, No, Received.
Full UAI	Full UAI Financial SRS Medical Assistance	Description about the status of the customer need for medical assistance. Examples are Yes, No, Received.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI	Full UAI Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
Full UAI	Full UAI Health Caregiver Overwhelm Comment	General comment that explain why or what appears to be the primary reasons why the caregiver is feeling that way.
Full UAI	Full UAI Health Caregiver Overwhelm Indicator	This signifies whether or not the caregiver is appearing overwhelmed.
Full UAI	Full UAI Health Overview Comment	General comment regarding the customer's health. Questions such as who, how, where, how often, how many times. For example, if the customer has a living will, then the assessor is going to ask the customer where the customer's living will is. The location of the customer's living will is then entered in the comment field.
Full UAI	Full UAI Health Overview DPOA Comment	General comment for who is the customer's Durable Power Of Attorney (DPOA) for health care decisions.
Full UAI	Full UAI Health Overview DPOA Indicator	This signifies whether the customer has a Durable Power Of Attorney (DPOA) for health care decisions.
Full UAI	Full UAI Health Overview Do Not Resuscitate Comment	General comment of where the "Do Not Resuscitate Orders" are located.
Full UAI	Full UAI Health Overview Do Not Resuscitate Indicator	This signifies whether or not the customer has "Do Not Resuscitate Orders".
Full UAI	Full UAI Health Overview Hospitalized Last 3 Months Comment	General comment of how many times the customer have been hospitalized or to the emergency room in the last 3 months.
Full UAI	Full UAI Health Overview Hospitalized Last 3 Months Indicator	This signifies whether or not the customer have been hospitalized or to the emergency room in the last 3 months.
Full UAI	Full UAI Health Overview Living Will Comment	General comment of where the "Living Will" is located.
Full UAI	Full UAI Health Overview Living Will Indicator	This signifies whether or not the customer has a "Living Will".
Full UAI	Full UAI Health Overview Nursing Home Within Last 12 Months Comment	General comment of how many times the customer have been admitted to a nusing home within the last 12 months.
Full UAI	Full UAI Health Overview Nursing Home Within Last 12 Months Indicator	This signifies whether or not the customer have been admitted to a nusing home within the last 12 months.
Full UAI	Full UAI Health Overview See Doctor Regularly Comment	General comment of how often does the customer see a doctor.
Full UAI	Full UAI Health Overview See Doctor Regularly Indicator	This signifies whether or not the customer sees a doctor regularly.
Full UAI	Full UAI Health Primary Caregiver Indicator	This signifies whether or not the customer has a primary caregiver.
Full UAI	Full UAI Health Primary Caregiver Name	The name of the customer's primary caregiver.
Full UAI	Full UAI Homebound Isolated Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered isolated.
Full UAI	Full UAI Homebound Physically Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered homebound physically.
Full UAI	Full UAI Homebound Socially Indicator	For purposes of home delivered meals, this indicates whether or not the customer is to be considered homebound socially.
Full UAI	Full UAI IADL Laundry Description	Performance level of customer being evaluated for functionality of Laundry/housekeeping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI	Full UAI IADL Laundry Total Number	Total score of customer being evaluated for functionality of Laundry/housekeeping. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Meal Description	Performance level of customer being evaluated for functionality of Meal Preparation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Meal Total Number	Total score of customer being evaluated for functionality of Meal Preparation. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Medications Description	Performance level of customer being evaluated for functionality of Management of medications, treatments. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Medications Total Number	Total score of customer being evaluated for functionality of Management of medications, treatments. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Money Description	Performance level of customer being evaluated for functionality of Money Management. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Money Total Number	Total score of customer being evaluated for functionality of Money Management. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Shopping Description	Performance level of customer being evaluated for functionality of Shopping. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Shopping Total Number	Total score of customer being evaluated for functionality of Shopping. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Telephone Description	Performance level of customer being evaluated for functionality of Use of Telephone. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Telephone Total Number	Total score of customer being evaluated for functionality of Use of Telephone. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI IADL Transport Description	Performance level of customer being evaluated for functionality of Transportation. The performance levels are Independent, Supervision Needed, Physical Assistance Needed, and Unable to Perform.
Full UAI	Full UAI IADL Transport Total Number	Total score of customer being evaluated for functionality of Transportation. The total score is the selected performance level's multiplier times weight.
Full UAI	Full UAI Live Alone Indicator	This signifies whether or not the customer is living alone which means as having no related or unrelated people who share the housing unit.
Full UAI	Full UAI Max Approved Assessment Indicator	This indicates whether or not this is the latest approved assessment for this customer.
Full UAI	Full UAI Medicaid Card Number	The customer's Medicaid Number if the customer is a Medicaid recipient.
Full UAI	Full UAI Medicare Card Number	The customer's Medicare Number if the customer is a Medicare recipient.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI	Full UAI PSA Name	The organization name of the PSA which conducted the Full UAI.
Full UAI	Full UAI PSA Number	The organization number of the PSA which conducted the Full UAI.
Full UAI	Full UAI Participant Status Description	The definition that best describes the customer status for the eligibility for Home Delivered Meals and Congregate Meals.
Full UAI	Full UAI Place Of Residence Comment	General comment explaining the customer's housing situation.
Full UAI	Full UAI Place Of Residence Description	Description of the customer's place of residence.
Full UAI	Full UAI Reassessment Due Date	The date when the reassessment is supposed to be conducted.
Full UAI	Full UAI Reassessment Indicator	This indicates whether or not this is an reassessment.
Full UAI	Full UAI Residence Type Comment	General comment explaining the customer's housing situation.
Full UAI	Full UAI Residence Type Description	Description that specifies the type of payment responsibility the customer has for their place of residence.
Full UAI	Full UAI Risk Abuse Indicator	This signifies whether or not the Abuse Risk Factor been selected.
Full UAI	Full UAI Risk Bladder Contenance Total Number	Total score of customer being evaluated for functionality of Bladder Contenance. The total score is the multiplier times weight for this functionality.
Full UAI	Full UAI Risk Bladder Description	Performance level of customer being evaluated for functionality of Bladder Contenance. The options are Continent, Usually Continent, Occasionally Incontinent, Frequently Incontinent, Incontinent.
Full UAI	Full UAI Risk By Others Indicator	This signifies whether or not someone besides the customer is responsible for the neglect, abuse or exploitation.
Full UAI	Full UAI Risk Decision Making Indicator	This signifies whether or not the customer has the ability to organize daily routine and make consistent, reasonable, organized decisions.
Full UAI	Full UAI Risk Exploitation Indicator	This signifies whether or not the customer is at risk due to exploitation. One example of exploitation is "intentionally taking unfair advantage of an adult personally or financially".
Full UAI	Full UAI Risk Falls Indicator	This signifies whether or not the customer is at risk of falling, due to unsteadiness, or has a recent history of falling.
Full UAI	Full UAI Risk Long Term Memory Indicator	This signifies whether or not the customer has the ability to recall events that have transpired over a number of years.
Full UAI	Full UAI Risk Memory Difficulty Total Number	Total score of customer being evaluated for functionality of Memory Difficulty. The total score is the multiplier times weight for this functionality.
Full UAI	Full UAI Risk Memory Recall Indicator	This signifies whether or not the customer has the orientation to person, place and time.
Full UAI	Full UAI Risk Neglect Abuse Exploitation By Others Total Number	Total score of customer being evaluated for functionality of Neglect, Abuse, or Exploitation. The total score is the multiplier times weight for this functionality.
Full UAI	Full UAI Risk Neglect Indicator	This signifies whether or not the customer is at risk due to the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well being and to avoid physical or mental harm or illness.
Full UAI	Full UAI Risk Number Of Falls	The total number of times the customer has fallen.
Full UAI	Full UAI Risk Short Term Memory Indicator	This signifies whether or not the customer has the ability to recall immediate past events.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI	Full UAI Risk Support Available Indicator	This signifies whether or not the customer have the support of a caregiver or caretaker to assist in providing essential support in meeting either a physical, mental or psychological deficit.
Full UAI	Full UAI Risk Support Available Total Number	Total score of customer being evaluated for functionality of caregiver or caretaker support. The total score is the multiplier times weight for this functionality.
Full UAI	Full UAI Risk Total Number Of Falls	Total score of customer being evaluated for functionality of Falls, unsteadiness. The total score is the multiplier times weight for this functionality.
Full UAI	Full UAI Total ADLs Score Number	The sum of the ADL's individual Total values.
Full UAI	Full UAI Total IADLs Score Number	The sum of the IADL's individual Total values.
Full UAI	Full UAI Total Risks Score Number	The sum of the Risk Factor's individual Total values.
Full UAI	Full UAI Total Threshold Score Number	The sum of the total ADLs, IADLs, and Risk Factors total scores.
Full UAI Health Condition	Full UAI Health Condition Abdominal Pain	This signifies whether or not the customer has pain in the stomach region.
Full UAI Health Condition	Full UAI Health Condition Airborne	This signifies whether or not the customer has any virus or bacteria that is transmitted by air.
Full UAI Health Condition	Full UAI Health Condition Alcohol Use	This signifies whether or not the customer has a chronic, progressive, and potentially fatal disease characterized by tolerance and physical dependency as a result of alcohol usage.
Full UAI Health Condition	Full UAI Health Condition Alcoholism	This signifies whether or not the customer has a physical dependency as a result of alcohol usage.
Full UAI Health Condition	Full UAI Health Condition Allergies	This signifies whether or not the customer has an unusually high sensitivity to certain substances that can cause itching, sneezing, or skin rashes. Include medication allergies.
Full UAI Health Condition	Full UAI Health Condition Alzheimers Disease	This signifies whether or not the customer has a progressive loss of mental capacity resulting from degeneration of brain cells.
Full UAI Health Condition	Full UAI Health Condition Amputation Of	This signifies whether or not the customer has a surgical removal of part or all of a limb.
Full UAI Health Condition	Full UAI Health Condition Amputation Of Comment	Specification of the amputated part or limb.
Full UAI Health Condition	Full UAI Health Condition Anemia	This signifies whether or not the customer has a deficiency in the oxygen carrying component of blood. A low hemoglobin.
Full UAI Health Condition	Full UAI Health Condition Ankle Edema	This signifies whether or not the customer has swelling of the ankles.
Full UAI Health Condition	Full UAI Health Condition Arthritis-Rheumatoid Or Osteoarthritis	This signifies whether or not the customer has a chronic, progressive disease involving the lining of the joints leading to destructive changes in the joint.
Full UAI Health Condition	Full UAI Health Condition Asthma	This signifies whether or not the customer has a chronic respiratory disease that is characterized by sudden recurring attacks of labored breathing, chest constriction and coughing.
Full UAI Health Condition	Full UAI Health Condition Autism	This signifies whether or not the customer has the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests.
Full UAI Health Condition	Full UAI Health Condition Back Pain	This signifies whether or not the customer has pain in any portion of the back.
Full UAI Health Condition	Full UAI Health Condition Blind	This signifies whether or not the customer has the complete inability to see.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Health Condition	Full UAI Health Condition Blurred Vision	This signifies whether or not the customer has decreased visual clarity.
Full UAI Health Condition	Full UAI Health Condition Bypass Surgery/Angioplasty	This signifies whether or not the customer has open heart surgery which means the grafting of a segment of artery to allow blood to bypass the damaged section of the existing artery.
Full UAI Health Condition	Full UAI Health Condition COPD	This signifies whether or not the customer has the ability to expire air from the lungs.
Full UAI Health Condition	Full UAI Health Condition CVA/Stroke	This signifies whether or not the customer has an occlusion or hemorrhage in the brain that can be accompanied by loss of consciousness, paralysis, confusion, and falls, among other things. CVA stands for cerebral vascular accident.
Full UAI Health Condition	Full UAI Health Condition Cancer	This signifies whether or not the customer has uncontrolled growth of cells in one or more of the body organs or tissues.
Full UAI Health Condition	Full UAI Health Condition Cataracts	This signifies whether or not the customer has clouding of the lens in the eye causing impaired vision or blindness.
Full UAI Health Condition	Full UAI Health Condition Cerebral Palsy	This signifies whether or not the customer has a non-progressive paralysis resulting from developmental defects in the brain or trauma at birth.
Full UAI Health Condition	Full UAI Health Condition Chest Pain	This signifies whether or not the customer has pain in the chest. Also, known as angina.
Full UAI Health Condition	Full UAI Health Condition Circulation Problems	This signifies whether or not the customer has a decrease in oxygenated blood going to the extremities.
Full UAI Health Condition	Full UAI Health Condition Colitis	This signifies whether or not the customer has inflammation of the wall of the lower intestinal tract. It can also be referred to as irritable bowel syndrome.
Full UAI Health Condition	Full UAI Health Condition Congestive Heart Failure	This signifies whether or not the customer has a pathological heart condition often characterized by fluid accumulation.
Full UAI Health Condition	Full UAI Health Condition Constipation	This signifies whether or not the customer has difficulty with bowel movements.
Full UAI Health Condition	Full UAI Health Condition Contractures	This signifies whether or not the customer has an abnormal, often permanent, shortening of muscle or scar tissue, often at the joints, that result in distortion and deformity.
Full UAI Health Condition	Full UAI Health Condition Corrective Lenses	This signifies whether or not the customer has contacts or glasses.
Full UAI Health Condition	Full UAI Health Condition Cough (Dry/ Productive)	This signifies whether or not the customer has a protective reflex that cleanses the lower airways. A dry cough is one that does not bring anything up. A productive cough produces sputum.
Full UAI Health Condition	Full UAI Health Condition Deaf	This signifies whether or not the customer has the complete inability to hear sounds.
Full UAI Health Condition	Full UAI Health Condition Decreased Acuity	This signifies whether or not the customer has a decrease in volume and clarity of sounds.
Full UAI Health Condition	Full UAI Health Condition Dementia	This signifies whether or not the customer has a deterioration of the brain that affects memory, concentration, and judgement.
Full UAI Health Condition	Full UAI Health Condition Developmental Disability	This signifies whether or not the customer has mental retardation or a severe, chronic disability which is attributable to a mental or physical impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of mental retardation and mental illness.
Full UAI Health Condition	Full UAI Health Condition Diabetes	This signifies whether the customer has a chronic disorder resulting from inadequate or under utilization of insulin.
Full UAI Health Condition	Full UAI Health Condition Dialysis	This signifies whether the customer has a treatment used to sustain life when the kidneys no longer function properly.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Health Condition	Full UAI Health Condition Diarrhea	This signifies whether the customer has frequent loose bowel movements.
Full UAI Health Condition	Full UAI Health Condition Difficulty Breathing Any Time	This signifies whether the customer has a feeling of breathlessness that is experienced either when the person is resting, involved in a strenuous activity, or in pain.
Full UAI Health Condition	Full UAI Health Condition Difficulty Swallowing	This signifies whether the customer has the inability to swallow regular food or liquids.
Full UAI Health Condition	Full UAI Health Condition Difficulty/Frequent Urination	This signifies whether the customer has inability or difficulty starting urination. Urinating small amounts frequently and feeling as though the bladder is not empty.
Full UAI Health Condition	Full UAI Health Condition Diverticular Disease	This signifies whether the customer has intestinal difficulties characterized by little distended sacs in the colon that can become inflamed and painful.
Full UAI Health Condition	Full UAI Health Condition Dizziness	This signifies whether the customer has a whirling sensation and tendency to fall.
Full UAI Health Condition	Full UAI Health Condition Dribbling And/Or Incontinence	This signifies whether the customer has the inability to hold urine or bowel.
Full UAI Health Condition	Full UAI Health Condition Drug Use/Abuse	This signifies whether the customer has the use of legal or illegal drugs or substances in a manner that could result in negative health consequences, including chronic, progressive, and potentially fatal tolerance and physical dependency.
Full UAI Health Condition	Full UAI Health Condition Earaches	This signifies whether the customer has pain in his/her ears that require antibiotics or ear drops to correct.
Full UAI Health Condition	Full UAI Health Condition Emphysema	This signifies whether the customer has a lung condition marked by an abnormal increase in the size of air spaces. It causes labored breathing and is often associated with COPD.
Full UAI Health Condition	Full UAI Health Condition Enlarged Prostate	This signifies whether the customer has an inflammation of the gland in males that controls the release of urine and produces part of seminal fluid.
Full UAI Health Condition	Full UAI Health Condition Fracture Of	This signifies whether the customer has a break, rupture, or crack in bone or cartilage.
Full UAI Health Condition	Full UAI Health Condition Fracture Of Comment	Specification of what the fracture is.
Full UAI Health Condition	Full UAI Health Condition Frequent Bladder Infections	This signifies whether the customer has painful urination that tests positive for bacteria and requires antibiotics to correct.
Full UAI Health Condition	Full UAI Health Condition Frequent Use Of Laxatives	This signifies whether the customer has result in decreased muscle tone and bowel incontinence due to frequent use of laxatives. It can also lead to dehydration.
Full UAI Health Condition	Full UAI Health Condition Gall Bladder Problems	This signifies whether the customer has problems relevant to the gall bladder, such as stones, etc.
Full UAI Health Condition	Full UAI Health Condition Glaucoma	This signifies whether the customer has abnormally high pressure in the eye that leads to partial or complete loss of vision.
Full UAI Health Condition	Full UAI Health Condition Health Condition Comment	General comment regarding the health condition of the customer.
Full UAI Health Condition	Full UAI Health Condition Hearing Aid	This signifies whether or not the customer has a device worn in the ear to increase the volume and clarity of sounds.
Full UAI Health Condition	Full UAI Health Condition Heart Attack	This signifies whether or not the customer has an occlusion of an artery in the heart causing death of the surrounding tissue. Also called myocardial infarction (MI).
Full UAI Health Condition	Full UAI Health Condition Hepatitis	This signifies whether or not the customer has an acute inflammatory disease of the liver.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Health Condition	Full UAI Health Condition Hypertension	This signifies whether or not the customer has blood pressure that is above the normal range with respect to the person's age, body build, and previous blood pressure measurement.
Full UAI Health Condition	Full UAI Health Condition Hypotension	This signifies whether or not the customer has blood pressure that drops below the normal range with respect to the person's age, body build, and previous blood pressure measurement. This often occurs when the person stands up and can be accompanied by lightheadedness.
Full UAI Health Condition	Full UAI Health Condition Indigestion	This signifies whether or not the customer has problems with digestion such as heartburn, pain, nausea, vomiting, gas and/or belching.
Full UAI Health Condition	Full UAI Health Condition Irritable Bowel Syndrome	This signifies whether or not the customer has intermittent symptoms of abdominal discomfort, including cramping and altered bowel activity.
Full UAI Health Condition	Full UAI Health Condition Joint Replacement Of	This signifies whether or not the customer has a surgical procedure that usually involves the knees or hips.
Full UAI Health Condition	Full UAI Health Condition Joint Replacement Of Comment	Specification of the joint that was replaced.
Full UAI Health Condition	Full UAI Health Condition Lumps - Breast/Node	This signifies whether or not the customer has nodes that located in the armpit area and over the breastbone.
Full UAI Health Condition	Full UAI Health Condition Macular Degeneration	This signifies whether or not the customer has degenerative changes to the retina that gradually leads to blindness.
Full UAI Health Condition	Full UAI Health Condition Mastectomy Of	This signifies whether or not the customer had the removal of breast tissue and/or nodes in response to a foreign mass being present. This can affect males and females.
Full UAI Health Condition	Full UAI Health Condition Mastectomy Of Comment	Specification of the side affected.
Full UAI Health Condition	Full UAI Health Condition Mental Illness	This signifies whether or not the customer has any disorder that affects the mind or behavior.
Full UAI Health Condition	Full UAI Health Condition Mental Retardation	This signifies whether or not the customer has below normal intellectual function caused, or onset, during the developmental period.
Full UAI Health Condition	Full UAI Health Condition Nighttime Urination/ Nocturia	This signifies whether or not the customer has been getting up multiple times during the night to urinate.
Full UAI Health Condition	Full UAI Health Condition Nipple Discharge	This signifies whether or not the customer has persistent secretion of a milky fluid from the breast of a female (who is not pregnant or nursing a baby) or in a male.
Full UAI Health Condition	Full UAI Health Condition No Problem Cardiovascular	This signifies whether or not the customer has no cardiovascular problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Endocrine	This signifies whether or not the customer has no endocrine problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Gastrointestinal	This signifies whether or not the customer has no gastrointestinal problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Genitourinary	This signifies whether or not the customer has no genitourinary problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Hearing	This signifies whether or not the customer has no hearing problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Infectious Disease	This signifies whether or not the customer has no infectious disease problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Musculoskeletal	This signifies whether or not the customer has no musculoskeletal problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Neurological	This signifies whether or not the customer has no neurological problems.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Health Condition	Full UAI Health Condition No Problem Other Conditions	This signifies whether or not the customer has no other conditions problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Reproductive System	This signifies whether or not the customer has no reproductive system problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Respiratory	This signifies whether or not the customer has no respiratory problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Skin	This signifies whether or not the customer has no skin problems.
Full UAI Health Condition	Full UAI Health Condition No Problem Vision	This signifies whether or not the customer has no vision problems.
Full UAI Health Condition	Full UAI Health Condition Obesity	This signifies whether or not the customer has excessive accumulation of fat on the body.
Full UAI Health Condition	Full UAI Health Condition Osteoporosis	This signifies whether or not the customer has any disease process that results in reduction in the mass of bone per unit of volume.
Full UAI Health Condition	Full UAI Health Condition Other Cardiovascular	This signifies whether or not the customer has other cardiovascular problems.
Full UAI Health Condition	Full UAI Health Condition Other Endocrine	This signifies whether or not the customer has other endocrine problems.
Full UAI Health Condition	Full UAI Health Condition Other Gastrointestinal	This signifies whether or not the customer has other gastrointestinal problems.
Full UAI Health Condition	Full UAI Health Condition Other Genitourinary	This signifies whether or not the customer has other genitourinary problems.
Full UAI Health Condition	Full UAI Health Condition Other Hearing	This signifies whether or not the customer has other hearing problems.
Full UAI Health Condition	Full UAI Health Condition Other Infectious Disease	This signifies whether or not the customer has other infectious disease problems.
Full UAI Health Condition	Full UAI Health Condition Other Musculoskeletal	This signifies whether or not the customer has other musculoskeletal problems.
Full UAI Health Condition	Full UAI Health Condition Other Neurological	This signifies whether or not the customer has other neurological problems.
Full UAI Health Condition	Full UAI Health Condition Other Other Conditions	This signifies whether or not the customer has other condition problems.
Full UAI Health Condition	Full UAI Health Condition Other Reproductive System	This signifies whether or not the customer has other reproductive system problems.
Full UAI Health Condition	Full UAI Health Condition Other Respiratory	This signifies whether or not the customer has other respiratory problems.
Full UAI Health Condition	Full UAI Health Condition Other Skin	This signifies whether or not the customer has other skin problems.
Full UAI Health Condition	Full UAI Health Condition Other Vision	This signifies whether or not the customer has other vision problems.
Full UAI Health Condition	Full UAI Health Condition Oxygen	This signifies whether or not the customer has a requirement of supplemental oxygen.
Full UAI Health Condition	Full UAI Health Condition Pacemaker	This signifies whether or not the customer has a device implanted in the heart to regulate the heartbeat.
Full UAI Health Condition	Full UAI Health Condition Paralysis Of	This signifies whether or not the customer has loss of sensation or voluntary motion.
Full UAI Health Condition	Full UAI Health Condition Paralysis Of Comment	Specification of the location of the paralysis.
Full UAI Health Condition	Full UAI Health Condition Parkinsons Disease	This signifies whether or not the customer has a progress disease that has among its characteristics muscular tremor, weakness, and slowed movement.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Health Condition	Full UAI Health Condition Polio/Post Polio	This signifies whether or not the customer has a highly infectious sease than can lead to paraylsis and muscle wasting.
Full UAI Health Condition	Full UAI Health Condition Pressure/Other Ulcer	This signifies whether or not the customer has a pressure induced ulceration of the skin. Often called "bedsores".
Full UAI Health Condition	Full UAI Health Condition Prostate Cancer	This signifies whether or not the customer has cancer found in a gland in males that controls the release of urine and produces part of seminal fluid.
Full UAI Health Condition	Full UAI Health Condition Rashes	This signifies whether or not the customer has a skin eruption.
Full UAI Health Condition	Full UAI Health Condition Seizures/Epilepsy	This signifies whether or not the customer has a nuerological disorder characterized by a sudden attack, spasm, or convulsion.
Full UAI Health Condition	Full UAI Health Condition Shingles	This signifies whether or not the customer has an acute viral infection that affects certain sensory nerves. Lesions form along the nerve pathway. Discomfort, fever, and itching may accompany the infection.
Full UAI Health Condition	Full UAI Health Condition Shortness Of Breath	This signifies whether or not the customer has a feeling of breathlessness when resting, lying down, and/or with exertion.
Full UAI Health Condition	Full UAI Health Condition Significant Weight Loss/Gain	This signifies whether or not the customer has a change of 5 or more pounds without wanting to in 3 months.
Full UAI Health Condition	Full UAI Health Condition Speech Problem	This signifies whether or not the customer has trouble verbally expressing oneself.
Full UAI Health Condition	Full UAI Health Condition Stasis Dermatitis	This signifies whether or not the customer has a common condition in the lower extremities of older adults. It is usually accompanied by poor circulation and breaks in the skin.
Full UAI Health Condition	Full UAI Health Condition Thyroid	This signifies whether or not the customer has an underproduction or overproduction of the thyroid hormone.
Full UAI Health Condition	Full UAI Health Condition Tobacco Use	This signifies whether or not the customer uses a pipe, chewing tobacco, or smokes cigars or cigarettes.
Full UAI Health Condition	Full UAI Health Condition Transient Ischemic Attack	This signifies whether or not the customer has a tempory interference with blood supply to the brain. The symptoms of neurological deficit may last for only a few moments or several hours. After the attack, no evidence of residual brain damage or neurological damage remains.
Full UAI Health Condition	Full UAI Health Condition Traumatic Brain Injury	This signifies whether or not the customer has brain damage that can result from a combination of forces.
Full UAI Health Condition	Full UAI Health Condition Tuberculosis	This signifies whether or not the customer has a pathological disease involving the lungs.
Full UAI Health Condition	Full UAI Health Condition Ulcers	This signifies whether or not the customer has an open sore in the stomach or colon resulting in epigastria pain.
Full UAI Health Condition	Full UAI Health Condition Vaginal Discharge/Bleeding	This signifies whether or not the customer has an abnormal secretion or bleeding at a time other than menstruation.
Full UAI Monthly Income	Full UAI Monthly Income All Cash From SRS Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Coop Dividends Etc Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All First Other Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Gross Earnings Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Income Property Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Interest Dividends Comment	General comment providing benefit numbers or other information for this type of monthly income.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Monthly Income	Full UAI Monthly Income All Net Farm Income Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Regular Support Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Retirement Pension Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Second Other Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Social Security SSA Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Social Security SSD Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Social Security SSI Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income All Veteran Pension Comment	General comment providing benefit numbers or other information for this type of monthly income.
Full UAI Monthly Income	Full UAI Monthly Income Child Cash From SRS Amount	The amount of cash received from SRS by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Coop Dividends Etc Amount	Amount received from Coop dividends, royalties, etc. by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child First Other Amount	Amount received from the first other source of income by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Gross Earnings Amount	Amount received from the gross earnings from employment, self-employment by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Income Property Amount	The income amount received from the property by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Interest Dividends Amount	Amount received from the interest, dividends by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Net Farm Income Amount	Adjusted net income amount received from the farm income by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Regular Support Amount	Amount received from the regular support of family and others by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Retirement Pension Amount	Amount received from the retirement pension by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Second Other Amount	Amount received from the second other source of income by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Social Security SSA Amount	Amount received from Social Security (SSA) by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Social Security SSD Amount	Amount received from Social Security Disability (SSD) by the minor child.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Monthly Income	Full UAI Monthly Income Child Social Security SSI Amount	Amount received from Supplemental Security Income (SSI) by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Child Veteran Pension Amount	Amount received from the Veteran pension by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Customer Cash From SRS Amount	The amount of cash received from SRS by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Coop Dividends Etc Amount	Amount received from Coop dividends, royalties, etc. by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer First Other Amount	Amount received from the first other source of income by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Gross Earnings Amount	Amount received from the gross earnings from employment, self-employment by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Income Property Amount	The income amount received from the property by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Interest Dividends Amount	Amount received from the interest, dividends by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Net Farm Income Amount	Adjusted net income amount received from the farm income by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Regular Support Amount	Amount received from the regular support of family and others by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Retirement Pension Amount	Amount received from the retirement pension by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Second Other Amount	Amount received from the second other source of income by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Social Security SSA Amount	Amount received from Social Security (SSA) by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Social Security SSD Amount	Amount received from Social Security Disability (SSD) by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Social Security SSI Amount	Amount received from Supplemental Security Income (SSI) by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Customer Veteran Pension Amount	Amount received from the Veteran pension by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Family Size	The number of people in the customer's family. The family is defined as the customer, their spouse, and any legally dependent children under age 18 who are residing together.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Cash From SRS Amount	The amount of cash received from SRS by the spouse.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Monthly Income	Full UAI Monthly Income Spouse Coop Dividends Etc Amount	Amount received from Coop dividends, royalties, etc. by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse First Other Amount	Amount received from the first other source of income by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Gross Earnings Amount	Amount received from the gross earnings from employment, self-employment by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Income Property Amount	The income amount received from the property by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Interest Dividends Amount	Amount received from the interest, dividends by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Net Farm Income Amount	Adjusted net income amount received from the farm income by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Regular Support Amount	Amount received from the regular support of family and others by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Retirement Pension Amount	Amount received from the retirement pension by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Second Other Amount	Amount received from the second other source of income by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Social Security SSA Amount	Amount received from Social Security (SSA) by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Social Security SSD Amount	Amount received from Social Security Disability (SSD) by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Social Security SSI Amount	Amount received from Supplemental Security Income (SSI) by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Spouse Veteran Pension Amount	Amount received from the Veteran pension by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Total Cash From SRS Amount	Sum of the cash amounts received from SRS by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Child Amount	Sum of all the incomes that was received by the minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Coop Dividends Etc Amount	Sum of the amounts from Coop dividends, royalties, etc. received by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Customer Amount	Sum of all the incomes that was received by the customer.
Full UAI Monthly Income	Full UAI Monthly Income Total First Other Amount	Sum of the amounts received from the first other source of income by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Gross Earnings Amount	Sum of the amounts received from the gross earnings from employment, self-employment by the customer, spouse, and minor child.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Monthly Income	Full UAI Monthly Income Total Income Property Amount	Sum of the income amounts received from the property by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Interest Dividends Amount	Sum of the amounts received from the interest, dividends by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Net Farm Income Amount	Sum of the adjusted net income amounts received from the farm income by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Regular Support Amount	Sum of the amounts received from the regular support of family and others by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Retirement Pension Amount	Sum of the amounts received from the retirement pension by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Second Other Amount	Sum of the amounts received from the second other source of income by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Social Security SSA Amount	Sum of the amounts received from the Social Security (SSA) by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Social Security SSD Amount	Sum of the amounts received from the Social Security Disability (SSD) by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Social Security SSI Amount	Sum of the amounts received from the Supplemental Security Income (SSI) by the customer, spouse, and minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Spouse Amount	Sum of all the incomes that was received by the spouse.
Full UAI Monthly Income	Full UAI Monthly Income Total Total Amount	Sum of the amounts from the total customer, total spouse, and total minor child.
Full UAI Monthly Income	Full UAI Monthly Income Total Veteran Pension Amount	Sum of the amounts received from the Veteran pension by the customer, spouse, and minor child.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Changes In Amount Food Comment	General comment related to the customer's nutrition risk. For example, What?
Full UAI Nutrition Risk	Full UAI Nutrition Risk Changes In Amount Food Indicator	This signifies whether or not the customer have made changes in the kind or amount of food you eat because of an illness and/or condition.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Changes In Amount Food Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 3 Alcoholic Daily Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 3 Alcoholic Daily Indicator	This signifies whether or not the customer drinks 3 or more alcoholic beverages daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 3 Alcoholic Daily Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 6 Water Daily Comment	General comment related to the customer's nutrition risk. For example, how many number of glasses.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 6 Water Daily Indicator	This signifies whether or not the customer usually drink at least than 6 glasses of water, milk, or juice daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Drink 6 Water Daily Score	The corresponding score for the selected Nutrition Risk question.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Alone Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Alone Indicator	This signifies whether or not the customer eats alone most of the time.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Alone Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Dairy Daily Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Dairy Daily Indicator	This signifies whether or not the customer eat less than 2 servings of dairy products daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Dairy Daily Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Fruits Daily Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Fruits Daily Indicator	This signifies whether or not the customer eats less than 2 servings of fruits and/or vegetables daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Fruits Daily Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Meals Daily Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Meals Daily Indicator	This signifies whether or not the customer eats less than 2 meals daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Eat Less 2 Meals Daily Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Gained Lost 10 Pounds Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Gained Lost 10 Pounds Indicator	This signifies whether or not the customer gained or lost more than 10 lbs. in the last 6 months.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Gained Lost 10 Pounds Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Not Enough Money To Buy Food Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Not Enough Money To Buy Food Indicator	This signifies whether or not the customer feel that he/she doesn't have enough money to buy food.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Not Enough Money To Buy Food Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Physically Not Able Comment	General comment related to the customer's nutrition risk. For example, Which?
Full UAI Nutrition Risk	Full UAI Nutrition Risk Physically Not Able Indicator	This signifies whether or not the customer are physically not always able to grocery shop, cook, and/or feed himself/herself.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Physically Not Able Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Problems With Dentures Comment	General comment related to the customer's nutrition risk. For example, Which?
Full UAI Nutrition Risk	Full UAI Nutrition Risk Problems With Dentures Indicator	This signifies whether or not the customer has problems with dentures, teeth, or mouth.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Problems With Dentures Score	The corresponding score for the selected Nutrition Risk question.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Full UAI Nutrition Risk	Full UAI Nutrition Risk Take 3 Drugs Daily Comment	General comment related to the customer's nutrition risk.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Take 3 Drugs Daily Indicator	This signifies whether or not the customer take 3 or more prescriptions/over the counter drugs daily.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Take 3 Drugs Daily Score	The corresponding score for the selected Nutrition Risk question.
Full UAI Nutrition Risk	Full UAI Nutrition Risk Total Nutrition Risk Score	The sum of the individual selected Nutrition Risk questions' scores.
Plan of Care	Plan of Care Effective Date	The date from which the Plan of Care information becomes effective.
Plan of Care	Plan of Care Form Status Description	The description about the status of a Plan of Care. Examples are Work In Progress, Aborted, Approved.
Plan of Care	Plan of Care Line Item Customer Obligation Amount	The dollar amount that the customer is responsible to pay each month for this service line item. (Co-pay)
Plan of Care	Plan of Care Line Item Disaster Indicator	This signifies whether or not the service being provided is because a disaster such as tornado or floods has occurred.
Plan of Care	Plan of Care Line Item Discharge Description	The description that designates why the service was terminated. For example, the service was terminated because of death of the customer, the customer moved out of the service area, the program was terminated, etc.
Plan of Care	Plan of Care Line Item Discharge Number	The KDOA discharge number for the service line item.
Plan of Care	Plan of Care Line Item End Date	The date the service ends.
Plan of Care	Plan of Care Line Item Frequency Description	The description that represents the frequency that the service is conducted. For example, the frequency may be 2 hours every day, once a week, twice monthly or one round trip.
Plan of Care	Plan of Care Line Item Funding ID	The funding program identifier funding this service line item.
Plan of Care	Plan of Care Line Item Monthly Cost Amount	This field is the total cost of the service provided for this line item. This is a calculated field. For non-HCBS/FE service line items, the calculation is Monthly Units times Unit Cost Amount. For HCBS/FE service line items, the calculation is Monthly Units times Unit Cost Amount minus Customer Obligation Amount.
Plan of Care	Plan of Care Line Item Monthly Units	It is the total number of units per month of service provided for the customer.
Plan of Care	Plan of Care Line Item Number	Uniquely identifies a service line item within a Plan of Care.
Plan of Care	Plan of Care Line Item Number Of Units	The number of units of a service the provider is providing for a customer.
Plan of Care	Plan of Care Line Item PSA Name	Organization Name of the PSA providing service for this line item.
Plan of Care	Plan of Care Line Item PSA Number	Organization Number of the PSA providing service for this line item.
Plan of Care	Plan of Care Line Item Provider Name	Organization Name of the Provider providing service for this line item.
Plan of Care	Plan of Care Line Item Provider Number	Organization Number of the Provider providing service for this line item.
Plan of Care	Plan of Care Line Item SCA Customer Responsibility Percent	The percent (%) of customer's responsibility for Senior Care Act co-pay programs.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Plan of Care	Plan of Care Line Item Self Directed Indicator	This signifies whether or not the service is being provided by the caregiver. Yes indicates the service is being provided by the caregiver. The self-directed service option applies only to HCBS/FE Health Care Attendant Services. The Case Manager and customer must determine if the caregiver can perform the selected services. Family members may be paid to provide these services. The spouse can only be paid if the customer's residence is so remote that services would be unavailable, the customer's health, safety, or social welfare would be jeopardized, customer's primary means of communication is only understood by the spouse, or serious health or safety risks to the provider. The providers of services through the self-directed option must enroll through and Independent Living Center or Home Health Agency. The family members are subject of the same quality assurance standards as other providers and must be 18 years or older.
Plan of Care	Plan of Care Line Item Service ID	The KDOA service identifier for this service line item.
Plan of Care	Plan of Care Line Item Start Date	The date the service is authorized to begin (start) on or after the entered date. For example, the service can start on 1/1/1998 or any day after as long as it does not start after the END_DATE.
Plan of Care	Plan of Care Line Item Unit Cost Amount	The cost of each unit of service.
Plan of Care	Plan of Care Termination Date	The Month/Day/Year the Plan of Care was terminated.
Plan of Care	Plan of Care Version Number	The version of the Plan of Care.
Provider Service Funding Costs	Provider Service Funding Costs Funding ID	The identifier for the funding program. For example - OAA, CC, EM, IE, SCA, etc.
Provider Service Funding Costs	Provider Service Funding Costs Includes USDA Indicator	This indicates whether or not the unit cost for this service and provider includes the USDA reimbursement amount.
Provider Service Funding Costs	Provider Service Funding Costs PSA Number	The organization number of the PSA which the Provider Service Funding combination is associated.
Provider Service Funding Costs	Provider Service Funding Costs Provider Name	Organization Name of the Provider providing service.
Provider Service Funding Costs	Provider Service Funding Costs Provider Number	Organization Number of the Provider providing service.
Provider Service Funding Costs	Provider Service Funding Costs Provider Service Funding Effective Date	The Month/Day/Year the provider service funding became valid.
Provider Service Funding Costs	Provider Service Funding Costs Provider Service Funding Termination Date	The Month/Day/Year the provider service funding became invalid.
Provider Service Funding Costs	Provider Service Funding Costs Provider Service Unit Effective Date	The Month/Day/Year the unit cost amount for a service became effective.
Provider Service Funding Costs	Provider Service Funding Costs Provider Service Unit Termination Date	The Month/Day/Year the unit cost amount for a service is no longer applicable.
Provider Service Funding Costs	Provider Service Funding Costs Service Funding Effective Date	The Month/Day/Year the service funding became valid.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Provider Service Funding Costs	Provider Service Funding Costs Service Funding Termination Date	The Month/Day/Year the service funding became invalid.
Provider Service Funding Costs	Provider Service Funding Costs Service ID	The unique value identifying the service.
Provider Service Funding Costs	Provider Service Funding Costs Taxonomy Number	It is a number which the current system is using for different services. The number is unique throughout the table but one same service may have a different taxonomy number under a different service type. For example, the taxonomy number for Homemaker service is 202 and 402 .
Provider Service Funding Costs	Provider Service Funding Costs Unit Cost Amount	The cost amount that a provider will charge based on the unit of measure for a service.
Provider Service Funding Costs	Provider Service Funding Costs Unit Cost Comment	General comment regarding why the unit cost varies for the same provider and the same service. The main two reasons for different unit rates are distance from the service provider to service place and day of the week.
Provider Service Funding Counties	Provider Service Funding Counties County Abbreviation	The two letter abbreviation of the county where the provider is located.
Provider Service Funding Counties	Provider Service Funding Counties County Name	The name of the county where the provider is located.
Provider Service Funding Counties	Provider Service Funding Counties Effective Date	The date the provider started providing services in the selected county.
Provider Service Funding Counties	Provider Service Funding Counties PSA Number	The organization number of the PSA which the Provider Service Funding combination is associated.
Provider Service Funding Counties	Provider Service Funding Counties Provider Name	Organization Name of the Provider.
Provider Service Funding Counties	Provider Service Funding Counties Provider Number	Organization Number of the Provider.
Provider Service Funding Counties	Provider Service Funding Counties Termination Date	The date the provider stop providing services in the selected county.
Service Provided	Service Provided AAA Number Of Units Paid	The number of service units to a customer that were paid to the provider for a given time period.
Service Provided	Service Provided AAA Number Of Units Provided	The number of service unit(s) provided to the customer for a given time frame.
Service Provided	Service Provided AAA Paid Date	The date the service provider was paid for services provided to a customer.
Service Provided	Service Provided AAA Total Cost	The total cost of the services provided that the AAA paid.
Service Provided	Service Provided Adjustment Number	Adjustment Number is to denote whether or not the record is a service record or an adjustment to a service record. The Adjustment Number will equal one if the record is the service record.
Service Provided	Service Provided KDOA Disapproval Description	The description of the KDOA Disapproval codes. Examples are: Corrected for Payment, Duplicate, Exceeds Contract, etc.
Service Provided	Service Provided KDOA Net Paid Amount	This amount is the calculation of KDOA Units Paid times Unit Cost minus PI Billed.
Service Provided	Service Provided KDOA Number Of Units Paid	This is th number of units paid by KDOA.
Service Provided	Service Provided KDOA Paid Date	This is the date that the units were paid by KDOA.
Service Provided	Service Provided KDOA Total Cost	The total cost of the services provided that KDOA paid.
Service Provided	Service Provided Month	The two digit month when the service is provided by the provider to the customer.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Service Provided	Service Provided PI Billed Amount	The dollar amount that the provider billed to the customer for his/her co-pay.
Service Provided	Service Provided PI Collected Amount	The dollar amount that the provider collected from the customer for his/her co-pay.
Service Provided	Service Provided PSA Number	The organization number of the PSA which provided the service.
Service Provided	Service Provided SCA Customer Responsibility Percent	The percent (%) of customer's responsibility for Senior Care Act co-pay programs.
Service Provided	Service Provided Unit Cost Amount	The cost of each unit of service.
Service Provided	Service Provided Year	The four digit year when the service is provided by the provider to the customer.
Standard Intake	Standard Intake ADL Bathing Description	This signifies whether or not the customer needs assistance with Bathing functions.
Standard Intake	Standard Intake ADL Bathing Indicator	This signifies whether or not the customer needs assistance with Bathing functions.
Standard Intake	Standard Intake ADL Dressing Indicator	This signifies whether or not the customer needs assistance with Dressing functions.
Standard Intake	Standard Intake ADL Eating Indicator	This signifies whether or not the customer needs assistance with Eating functions.
Standard Intake	Standard Intake ADL Toileting Indicator	This signifies whether or not the customer needs assistance with Toileting functions.
Standard Intake	Standard Intake ADL Transfer Indicator	This signifies whether or not the customer needs assistance with Transfer functions.
Standard Intake	Standard Intake ADL Walking Indicator	This signifies whether or not the customer needs assistance with Walking, mobility functions.
Standard Intake	Standard Intake Asset 1 Person Indicator	This indicates whether or not the customer's assets are above a given amount when the family size is 1 person.
Standard Intake	Standard Intake Asset 2 Person Indicator	This indicates whether not the customer's assets are above a given amount when the family size is 2 people.
Standard Intake	Standard Intake Below Poverty Indicator	This indicates whether or not the customer's financial income is below the poverty amount.
Standard Intake	Standard Intake Current Living Location Description	The description of the current living location of a person's residence.
Standard Intake	Standard Intake Current Services Comment	General comment regarding the customer receiving any current services from an informal service.
Standard Intake	Standard Intake Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
Standard Intake	Standard Intake Customer Requests ATCR Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests CHOR Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests CMGT Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Financial Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests HMKR Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Standard Intake	Standard Intake Customer Requests Housing Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Information Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Legal Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Meals Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Medical Management Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Other Description	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Other Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests PDP Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Respite Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests SCHICK Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Customer Requests Trans Indicator	This signifies whether or not the customer is inquiring services that are available based on his/her financial and functional condition.
Standard Intake	Standard Intake Depression Indicator	This indicates whether or not the customer is depressed at the time of the Intake.
Standard Intake	Standard Intake Disposition Comment	General comment regarding the the action the AAA is going to take for this customer based on the information gathered during the Intake process.
Standard Intake	Standard Intake Doctor Name	The name of the Doctor of the customer.
Standard Intake	Standard Intake Doctor Phone Number	The office phone number of the customer's doctor.
Standard Intake	Standard Intake Facility Discharge Date	The date when the customer is expected to be discharged from the hospital or nusing facility.
Standard Intake	Standard Intake Family Size	The information about the customer's family size.
Standard Intake	Standard Intake Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
Standard Intake	Standard Intake Health Comment	General comment about customer's current or previous health problem(s).
Standard Intake	Standard Intake Hearing Impairment Indicator	This indicates whether or not the customer has hearing problems at the time of the Intake.
Standard Intake	Standard Intake Hospital Name	The legal name of the hospital where the customer is currently located.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Standard Intake	Standard Intake Hospital Number	The unique organization number of the hospital where the customer is currently located.
Standard Intake	Standard Intake IADL Laundry Indicator	This signifies whether or not the customer needs assistance with Laundry functions.
Standard Intake	Standard Intake IADL Meal Indicator	This signifies whether or not the customer needs assistance with Meal Preparation functions.
Standard Intake	Standard Intake IADL Medications Indicator	This signifies whether or not the customer needs assistance with management of medications, treatments, etc.
Standard Intake	Standard Intake IADL Money Indicator	This signifies whether or not the customer needs assistance with Money Management functions.
Standard Intake	Standard Intake IADL Shopping Indicator	This signifies whether or not the customer needs assistance with Shopping functions.
Standard Intake	Standard Intake IADL Telephone Indicator	This signifies whether or not the customer needs assistance with using the telephone.
Standard Intake	Standard Intake IADL Transport Indicator	This signifies whether or not the customer needs assistance with Transportation functions.
Standard Intake	Standard Intake Information and Assistance Use Indicator	To indicate that this customer or someone on the customer's behalf was needed Information or Assistance.
Standard Intake	Standard Intake Intake Comment	The overall comment of the interviewer about the intake and the customer.
Standard Intake	Standard Intake Intake Start Date	The date the Intake was taken by a case worker of an AAA.
Standard Intake	Standard Intake Interpreter Needed Indicator	This indicates whether or not the customer needs an interpreter for communication.
Standard Intake	Standard Intake Interviewer Name	The name of the person who conducted the interview.
Standard Intake	Standard Intake Lives Alone Indicator	This signifies whether or not the customer is living alone which means as having no related or unrelated people who share the housing unit.
Standard Intake	Standard Intake Max Approved Intake Indicator	This indicates whether or not this is the latest approved intake for this customer.
Standard Intake	Standard Intake Medicaid Applied Date	The date of the customer's application for the medicaid card.
Standard Intake	Standard Intake Medicaid Applied Indicator	This indicates whether or not the customer has applied for a medicaid card.
Standard Intake	Standard Intake Medical Card ID Number	The identification number on the customer's medical card.
Standard Intake	Standard Intake Medical Card Indicator	This indicates whether or not the customer has a medical card.
Standard Intake	Standard Intake Monthly Income Customer Other	The monthly income amount the customer receives from other sources of income.
Standard Intake	Standard Intake Monthly Income Customer SSA	The monthly income amount the customer receives from SSA.
Standard Intake	Standard Intake Monthly Income Customer SSI	The monthly income amount the customer receives from SSI.
Standard Intake	Standard Intake Monthly Income Customer Total	The sum of the SSA, SSI, and other monthly income amounts for the customer.
Standard Intake	Standard Intake Monthly Income Grand Total	The sum of the monthly income total amounts for the customer and spouse.
Standard Intake	Standard Intake Monthly Income Spouse Other	The monthly income amount the spouse receives from other sources of income.
Standard Intake	Standard Intake Monthly Income Spouse SSA	The monthly income amount the spouse receives from SSA.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Standard Intake	Standard Intake Monthly Income Spouse SSI	The monthly income amount the spouse receives from SSI.
Standard Intake	Standard Intake Monthly Income Spouse Total	The sum of the SSA, SSI, and other monthly income amounts for the spouse.
Standard Intake	Standard Intake Nursing Facility Name	The legal name of the nursing facility where the customer is currently located.
Standard Intake	Standard Intake Nursing Facility Number	The unique organization number of the nursing facility where the customer is currently located.
Standard Intake	Standard Intake Other Location Description	The description of the location of a person's residence - rural, town, urban.
Standard Intake	Standard Intake PSA Name	The organization name of the PSA which conducted the Standard Intake.
Standard Intake	Standard Intake PSA Number	The organization number of the PSA which conducted the Standard Intake.
Standard Intake	Standard Intake Refer For Assessment Indicator	This signifies whether or not the customer was referred for an Assessment.
Standard Intake	Standard Intake Refer To APS Indicator	This indicates whether or not the customer was referred to Adult Protective Services.
Standard Intake	Standard Intake Refer To Information and Assistance Indicator	This indicates whether or not the customer was referred to Information and Assistance.
Standard Intake	Standard Intake Refer To Waiting List Indicator	This indicates whether or not the customer was referred to a waiting list.
Standard Intake	Standard Intake Referral Agreement Indicator	This indicates whether or not the customer agrees to the referral.
Standard Intake	Standard Intake Referral Awareness Indicator	This indicates whether or not the customer is aware of the referral.
Standard Intake	Standard Intake Referral Person Name	The name of the person who referred this customer.
Standard Intake	Standard Intake Referral Person Number	The unique KAMIS ID number of the person who referred this customer.
Standard Intake	Standard Intake Risk Bladder Incontinence Indicator	This signifies whether or not the customer has inability of the body to control the evacuative functions of the bladder.
Standard Intake	Standard Intake Risk Falls Indicator	This signifies whether or not the customer is at risk of falling, due to unsteadiness, or has a recent history of falling.
Standard Intake	Standard Intake Risk Falls Total	The total number of times the customer has fallen.
Standard Intake	Standard Intake Risk Memory Indicator	This signifies whether or not the customer has memory difficulty or problems with his/her memory recall, short-term memory, or long-term memory.
Standard Intake	Standard Intake Risk Neglect Indicator	This signifies whether or not the customer is at risk due to the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well being and to avoid physical or mental harm or illness.
Standard Intake	Standard Intake Risk Support Available Indicator	This signifies whether or not the customer have the support of a caregiver or caretaker to assist in providing essential support in meeting either a physical, mental or psychological deficit.
Standard Intake	Standard Intake Total Threshold Score Number	The sum of the total ADLs, IADLs, and Risk Factors total scores.
Standard Intake	Standard Intake Urgency Description	The description of the urgency of an assessment to be conducted so that the customer can receive services. This urgency is discovered during the Standard Intake process. Example - high, medium or low.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
Standard Intake	Standard Intake Visual Impairment Indicator	This indicates whether or not the customer has vision problems at the time of the Intake.
Standard Intake Information and Assistance	Standard Intake Information and Assistance Information and Assistance Date	The date that the customer requested information or assistance.
Standard Intake Information and Assistance	Standard Intake Information and Assistance Number Of Units	The number of units that the customer requested information and/or assistance on a particular date.
Standard Intake Information and Assistance	Standard Intake Information and Assistance PSA Number	The organization number of the PSA which conducted the Standard Intake.
UPR	UPR Assessment Date	The date of when the UPR assessment was conducted.
UPR	UPR Below Poverty Indicator	This indicates whether or not the customer's financial income is below the poverty amount.
UPR	UPR Customer KAMIS ID Number	A unique value to identify a person (customer, associates, organization member) within KAMIS.
UPR	UPR Doctor City	The city where the address is located.
UPR	UPR Doctor Name	The name of the customer's primary physician.
UPR	UPR Doctor Phone Number	The phone number of the customer's primary physician.
UPR	UPR Form Status Description	The description about the status of an Intake or an Assessment. Examples are Work In Progress, Complete, Approved.
UPR	UPR Health Condition Description	A text field to list any health conditions of the customer or any medications that the customer is taking.
UPR	UPR Interviewer First Name	The full legal first name of the person.
UPR	UPR Interviewer Full Name	This is the full name of the Interviewer. The format for full name is Last Name, First Name Middle Name.
UPR	UPR Interviewer Last Name	The full legal last name of the person.
UPR	UPR Interviewer Middle Name	The full legal middle name of the person.
UPR	UPR Interviewer Organization Member Number	A unique value to identify an organization member.
UPR	UPR Live Alone Indicator	This signifies whether or not the customer is living alone which means as having no related or unrelated people who share the housing unit.
UPR	UPR Max Approved Assessment Indicator	This indicates whether or not this is the latest approved assessment for this customer.
UPR	UPR Nutrition Modified Diet Indicator	Indicates whether the customer is following a modified diet.
UPR	UPR PSA Name	The organization name of the PSA which conducted the UPR.
UPR	UPR PSA Number	The organization number of the PSA which conducted the UPR.
UPR	UPR Participant Status Description	The description regarding the status of the participant (i.e. age 60 or more, volunteer, spouse of eligible person).
UPR	UPR Reassessment Due Date	The date when the reassessment is supposed to be conducted.
UPR	UPR Signature Customer Guardian	Indicates whether the customer or the customer's guardian signed the Uniform Program Registration.
UPR	UPR Signature Valid Indicator	Indicates whether the Uniform Program Registration was signed.
UPR Nutrition Risk	UPR Nutrition Risk Changes In Amount Food Comment	General comment related to the customer's nutrition risk. For example, What?
UPR Nutrition Risk	UPR Nutrition Risk Changes In Amount Food Indicator	This signifies whether or not the customer have made changes in the kind or amount of food you eat because of an illness and/or condition.

## KAMIS Data Warehouse Definitions

FOLDER	ITEM OBJECT NAME	DEFINITION
UPR Nutrition Risk	UPR Nutrition Risk Changes In Amount Food Score	The corresponding score for the selected Nutrition Risk question.
UPR Nutrition Risk	UPR Nutrition Risk Drink 3 Alcoholic Daily Comment	General comment related to the customer's nutrition risk.
UPR Nutrition Risk	UPR Nutrition Risk Drink 3 Alcoholic Daily Indicator	This signifies whether or not the customer drinks 3 or more alcoholic beverages daily.
UPR Nutrition Risk	UPR Nutrition Risk Drink 3 Alcoholic Daily Score	The corresponding score for the selected Nutrition Risk question.
UPR Nutrition Risk	UPR Nutrition Risk Eat Alone Comment	General comment related to the customer's nutrition risk.