

Chapter 43 – BASIS Assessment Form

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Important

The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status. The information that is required due to policy may be different from those that are system required.

Person Administration Requirements

Introduction Depending on the form, certain fields are required within Person Administration.

Required Fields for Approved Form Status Personal Admin/Home Tab:

NAME (first) (last) – Customer Legal Name
Date of Birth
SSN
Marital Status
Gender
Ethnicity
Race
Speaks – Defaults to English
Reads – Defaults to English
Understands Only – Defaults to English

Address Information Region:

Address Type of ***Residence***
Street
City
County – If out of state – use County "ZZ"
State – If out of country – use State "ZZ"
Zip
Residence – Rural or Urban

IDD Additional Info Tab Required Fields Personal Admin/IDD Additional Info Tab:

Disabilities Information:
Identified Disabilities
Intellectual Assessment
Hearing Assessment
Vision Assessment

Residential & Day Program Information:
Residential Status
Day Programs

Customer Information Heading

Introduction The customer heading displays basic information regarding the customer.

Click on the 'More Person Info...' link to view the current demographic information of the customer.

KAMIS ID: 5722210	Name: SMURF, KID	Customer Status: ACTIVE	More Person Info...	On Waiting List
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KAMIS ID: 5722210	Name: SMURF, KID	Customer Status: ACTIVE	More Person Info...
DOB 04/01/1992	Gender FEMALE	SSN 999-41-1992	Medicaid Nbr 99944411992
Address 444 1992ND PL SABETHA, KS 66534-	County BROWN	Location RURAL	
Home Phone	Work Phone	Cell Phone	
Ethnicity NOT HISPANIC OR LATINO	Race REPORTING 2 OR MORE RACES		
Preferred Name	Effective Date 03/07/2017		

Clicking on the "On Waiting List" link will display the Waiting List Detail page.

Overview

BASIS Assessment

The BASIS assessment form is used for adult clients applying for or served by the Intellectual/ Developmentally Disabled (IDD) waiver.

Automated Processes

The only service that is included in the KAMIS Plan of Care that is associated with the BASIS Assessment is the cost of the assessment itself. All other client services are managed by their Managed Care Organization (MCO). When the BASIS assessment is saved in Approved status, KAMIS automatically creates the Plan of Care with the Assessment line entry, and then automatically processes the billing for the assessment using the Service Provided (225) tool.

KDADS pays the assessment during the first billing cycle after the billing record was created.

Main Assessment Info. Navigation Tab

Prerequisite Add or update all customer and associate information before beginning the assessment data entry. Refer to the 'Person Administration Requirements' section at the beginning of this chapter for required Person Admin fields.

Form Reference Page 1 of the BASIS Assessment form.

The screenshot shows the 'IDD BASIS Assessment' form, specifically the 'Main Assessment Info. 200' tab. The form includes several sections:

- Organization:** 000 - TEST CDDO ORGANIZATION (dropdown)
- Form Status:** WORK IN PROGRESS (dropdown)
- Assessment Type:** ~ Select ~ (dropdown)
- Face To Face Meeting Date:** (text field)
- Assessment Completed Date:** 06/02/2017 (text field)
- Reassessment Date:** (text field)
- Assessment Location:** ~ Select ~ (dropdown)
- Assessor Search (Last, First):** (text field with [enter] button)
- Assessor:** -- (dropdown)
- Assessor Phone:** (text field)
- Customer has a Current Medicaid Card:** YES (radio) NO (radio)
- Waiting For Services:** YES (radio) NO (radio, selected)
- Medicaid Card ID Number:** 99944411992 (text field)
- Converted Assessment:** No (text field)

On the right side, there is a 'Scores and Tier' section with input fields for:

- Health Score: (text field)
- Adaptive Score: (text field)
- Maladaptive Score: (text field)
- Converted Score: 0.00 (text field)
- Tier: (text field)

At the bottom left, there is a 'Create' button.

Important The *Main Assessment Info* page must be saved before any other tabs/pages in the assessment can be accessed. Once the save is successful, the next navigational level tab will automatically display.

Required Fields All required fields (marked with a red asterisk [*]) on the Main Assessment Info page must be completed in order to save the page.

Time of Assessment is required for Initial Assessments; it is added and displays automatically when the assessment is saved in 'Approved' status.

Continued on next page

Main Assessment Info. Navigation Tab, continued

Required Fields

continued

Field	Purpose/Use
Form Status	The form status is automatically set to Work in Progress when the assessment is first created. The form cannot be saved in Approved status until all required fields on all pages are completed.
Assessment Type	The Assessment Type describes the specific kind of BASIS assessment being created.
Face to Face Meeting Date	This is the date the assessor met with the customer/parents/guardians and completed the assessment.
Assessment Completed Date and Time	This is a read only field and is automatically populated with the date and time that the form is saved in KAMIS in Approved status.
Reassessment Date	This is a read only field and is automatically populated with the date that is 364 days after the 'Assessment Completed Date.'
Assessment Location	Where the assessment was done.
Assessor Search (Last, First) and Assessor drop-down list	Who performed the assessment. To select an assessor, type in the full or partial LAST name in the Assessor Search field and press the enter key. The Assessor drop-down list populates with the search results. Click on the appropriate Assessor name/organization to select.
Customer has a Current Medicaid Card	Respond as appropriate – Yes or No
Waiting for Services	Respond as Appropriate – Yes or No

Main Assessment Info. Navigation Tab – File Upload

Document File Upload Region Once the Main Assessment Info. page is saved successfully, an additional region displays, providing a way to upload files that attach to the assessment form.

Follow the instructions in the Document File Upload region to upload files associated with this customer’s BASIS Assessment.

Document File Upload

Instructions

<p>Steps to Upload a File:</p> <ol style="list-style-type: none">1. Click on the "Choose File..." button.2. Browse to the file location.3. Click on the file and then the "Open" button.4. Enter an optional description of the file in the Description field.5. Select one or more optional categories for the file from the Category drop-down list.6. Click the "Upload" button.	<p>To Delete a File:</p> <p>Click on the trash can next to the file to be deleted in the <i>Uploaded Files</i> section.</p> <p>Note: Only the person who uploaded the file can delete the file.</p>
---	--

No file chosen

Description (Optional)

Category (Optional) (Select One or More)

Health Info. Navigation Tab – Medical, Seizures, Medications

Form
Reference

Page 2 of the BASIS Assessment form

Top portion of
the page

IDD BASIS Assessment
Assessment Nbr: 1506539

Main Assessment Info. **Health Info.** Adaptive Behaviors Maladaptive Behaviors Re-Evaluation Letter Notice Print View

Medical, Seizures, Medications

Medical

* **Medical Conditions - Indicate Yes or No for each of the following:**

Respiratory: -- ▾
Cardiovascular: -- ▾
Gastro-Intestinal: -- ▾
Genito-Urinary: -- ▾
Neoplastic Disease: -- ▾
Neurological Disease: -- ▾

Seizure Information

* **Does individual have a history of Seizures?** -- ▾

* **Types of Seizures in the last year:**

No seizures this year: -- ▾
Simple Partial: -- ▾
Complex Partial: -- ▾
Generalized - Absence (Petit Mal): -- ▾
Generalized - Tonic - Clonic (Gran Mal): -- ▾
Had some type of seizure: -- ▾

* **Frequency in the last year:**

NONE DURING PAST YEAR LESS THAN ONCE A MONTH ABOUT ONCE A MONTH
 ABOUT ONCE A WEEK SEVERAL TIMES A WEEK ONCE A DAY OR MORE

Required
Fields

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

Special
Information

***Types of Seizures in the last year:**
No seizures this year:

If "YES" is selected (Yes - there were no seizures), the other five questions in the section cannot have a 'YES' response.

Continued on next page

Health Info. Navigation Tab – Medical, Seizures, Medications, continued

Form Reference

Page 2 of the BASIS Assessment form, continued

Bottom portion of the page

Medication Information

* Is Individual currently taking prescription medication? -- ▾

* Medications - Mark all prescription medications the individual receives:

Antipsychotic: -- ▾

Antianxiety: -- ▾

Antidepressant: -- ▾

Anti-Convulsant: -- ▾

Diabetes: -- ▾

Sedative/Hypnotic: -- ▾

Other Maintenance Medication: -- ▾

* Does Individual receive medication by injection? -- ▾

* Level of Medication Support: NO MEDICATIONS TOTAL SUPPORT ASSISTANCE SUPERVISION INDEPENDENT

* Indicate whether or not the individual:

Missed more than a total of two weeks of a day programming due to a medical condition during the last year: -- ▾

Was hospitalized for medical problem in the last year: -- ▾

Presently requires caregiver be trained in special health care procedures: -- ▾

Presently requires special diet planned by dietician, nutritionist, or nurse: -- ▾

Health Score: 0

Cancel Save

Required Fields

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

Special Information

Is Individual currently taking prescription medication?

If “NO” is selected, the eight **Medications** listed will automatically display “NOT CURRENTLY TAKING”, and

Does Individual receive medication by injection? question will automatically display “NO”.

If any of the above fields are changed to “CURRENTLY TAKING” or “YES” a message at save will display indicating two or more responses do not correctly match, and the page cannot be saved as filled out.

Adaptive Behaviors Navigation Tab – Mobility, Communication

Form Reference

Page 3a of the BASIS Assessment form

Top portion of the page

The screenshot shows the 'IDD BASIS Assessment' interface. At the top, it displays 'Assessment Nbr: 1506539'. Below this is a navigation bar with tabs: 'Main Assessment Info.', 'Health Info.', 'Adaptive Behaviors' (highlighted in red), 'Maladaptive Behaviors', 'Re-Evaluation Letter', 'Notice', and 'Print View'. Under the 'Adaptive Behaviors' tab, there are two sub-sections: 'Mobility, Communication' (highlighted in red) and 'Self-Care Skills and Daily Skills' (highlighted in blue). The 'Mobility' section contains three dropdown menus: '* Typical level of Mobility:', '* Uses a Wheelchair:', and '* Wheelchair Mobility:'. The 'Individual Can Perform' section contains a list of activities with corresponding dropdown menus: '* Indicate whether or not the individual:' followed by 'Back to Stomach', 'Pulls self to standing', 'Walks up and down stairs by alternating feet:', 'Picks up small object', 'Transfers an object from hand to hand:', 'Marks with pencil, crayon or chalk:', 'Turns pages of a book one at a time:', 'Copies a circle from an example', and 'Cuts with scissors along a straight line:'.

Required Fields

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

Special Information

Uses a Wheelchair:

If "NO" is selected. The **Wheelchair Mobility** field will automatically display "Does Not Use Wheelchair".

If the **Wheelchair Mobility** field is changed to another option other than "Does Not Use Wheelchair" the **Uses a Wheelchair** field will switch to "YES".

Continued on next page

Adaptive Behaviors Navigation Tab – Mobility, Communication, continued

Form
Reference

Page 3a of the BASIS Assessment form, continued

Bottom portion
of the page

*** Indicate whether or not the individual can perform each of the following:**

Sort objects by size	-- ▾
Correctly spells first and last name:	-- ▾
Tells time to nearest five minute:	-- ▾
Distinguishes between right and left:	-- ▾
Counts ten or more objects:	-- ▾
Understand simple functional signs (exit, restroom):	-- ▾
Do simple addition and subtraction of figures:	-- ▾
Reads and comprehends simple sentences:	-- ▾
Reads and comprehends newspaper or magazine articles:	-- ▾

Communication Skills

*** Indicate whether or not the individual typically displays each of the follow receptive and expressive communication skills:**

Understands meaning of "No":	-- ▾
Understands one-step directions:	-- ▾
Understands two-step directions:	-- ▾
Understands a joke or story:	-- ▾
Responds "Yes" or "No" to a simple question:	-- ▾
Asks simple questions:	-- ▾
Relates experiences when asked:	-- ▾
Tells a story, joke or plot of television show:	-- ▾
Describes realistic plans in detail:	-- ▾

Required
Fields

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

Adaptive Behaviors Navigation Tab – Self-Care Skills and Daily Skills

Form Reference

Page 3b of the BASIS Assessment form

Top portion of the page

The screenshot shows the 'IDD BASIS Assessment' interface. At the top, it displays 'Assessment Nbr: 1506539'. Below this are several navigation tabs: 'Main Assessment Info', 'Health Info', 'Adaptive Behaviors', 'Maladaptive Behaviors', 'Re-Evaluation Letter', 'Notice', and 'Print View'. Underneath, there are two sub-tabs: 'Mobility, Communication' and 'Self-Care Skills and Daily Skills'. The 'Self-Care Skills' section is active and contains a list of activities with corresponding input fields, all of which contain the number '1'. To the right of this list is a 'Self-Care and Daily Living Skills Scoring Guide' table.

Self-Care Skills		Self-Care and Daily Living Skills Scoring Guide	
* Indicate how independently the individual typically performs each activity:		Code	Description
Toileting/Bowels:	<input type="text" value="1"/>	1	Total Support - Completely Dependent
Toileting/Bladder:	<input type="text" value="1"/>	2	Assistance - Requires hands-on help
Shower/Bath:	<input type="text" value="1"/>	3	Supervision - Requires mainly verbal prompts
Brushes Teeth/Cleans Dentures:	<input type="text" value="1"/>	4	Independent - Starts and Finishes without prompts or help
Brushes/Combs Hair:	<input type="text" value="1"/>		
Selects Clothes appropriate to weather:	<input type="text" value="1"/>		
Putting on Clothes:	<input type="text" value="1"/>		
Undresses self:	<input type="text" value="1"/>		
Drinks from a cup or glass:	<input type="text" value="1"/>		
Chews and swallows food:	<input type="text" value="1"/>		
Feeds self:	<input type="text" value="1"/>		

Required Fields

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

Hint

If a number other than 1, 2, 3, or 4 is entered, a warning box will display when tabbing or mouse-clicking out of the field.

Continued on next page

Adaptive Behaviors Navigation Tab – Self-Care Skills and Daily Skills, continued

Form Reference

Page 3b of the BASIS Assessment form, continued

Bottom portion of the page

Daily Living Skills

* Indicate how independently the individual typically performs each task:

Makes Bed:	<input type="text" value="1"/>
Cleans Room:	<input type="text" value="1"/>
Does Laundry:	<input type="text" value="1"/>
Uses Telephone:	<input type="text" value="1"/>
Shops for simple Meal:	<input type="text" value="1"/>
Prepares Food that do not require cooking:	<input type="text" value="1"/>
Uses Stove or Microwave:	<input type="text" value="1"/>
Cross Street in Residential Neighborhood:	<input type="text" value="1"/>
Uses Public Transportation for simple direct trip:	<input type="text" value="1"/>
Manages own Money:	<input type="text" value="1"/>

Adaptive Score:

Required Fields

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

Hint

If a number other than 1, 2, 3, or 4 is entered, a warning box will display when tabbing or mouse-clicking out of the field.

Maladaptive Behaviors Navigation Tab – Behaviors

Form Reference

Page 4 of the BASIS Assessment form

Top portion of the page

IDD BASIS Assessment
Assessment Nbr: 1506539

Main Assessment Info. Health Info. Adaptive Behaviors **Maladaptive Behaviors** Re-Evaluation Letter Notice Print View

Behaviors

Behavior Frequency	Behavior Scoring Guide
* Indicate the frequency of each behavior over the last twelve months:	Code Description
Has tantrums or emotional outbursts: <input type="text" value="1"/>	1 Not this year
Damages own or others property: <input type="text" value="1"/>	2 Occasionally - Less than once a month
Physically assaults others: <input type="text" value="1"/>	3 Monthly - About once a month
Disrupts others' activities: <input type="text" value="1"/>	4 Weekly - Account once a week
Is verbally or gesturally abusive: <input type="text" value="1"/>	5 Frequently - Several times a week
Is self-injurious: <input type="text" value="1"/>	6 Daily - Once a day or more
Teases or harasses peers: <input type="text" value="1"/>	
Resists supervision: <input type="text" value="1"/>	
Runs or wanders away: <input type="text" value="1"/>	
Steals: <input type="text" value="1"/>	
Eats inedible objects: <input type="text" value="1"/>	
Displays sexually inappropriate behavior: <input type="text" value="1"/>	
Smears feces: <input type="text" value="1"/>	

Required Fields

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

Continued on next page

Maladaptive Behaviors Navigation Tab – Behaviors, continued

Form Reference

Page 4 of the BASIS Assessment form, continued

Bottom portion of the page

The screenshot shows a form titled "Results of Behaviors" with a blue border. It contains a list of six behavior-related questions, each followed by a dropdown menu with "--" and a downward arrow. Below the questions is a text input field for "Maladaptive Score" with the value "0.00". At the bottom of the form are two buttons: "Cancel" and "Save".

Results of Behaviors

* As a result of any behavior problem(s) consider whether or not each of the following:

- Behavior problems prevents individual from moving to a less restrictive setting: -- ▾
- Has a written behavior intervention plan: -- ▾
- Individual's environment must be carefully structured to avoid behavior problems: -- ▾
- Staff sometimes intervenes physically with individual: -- ▾
- Supervised "Time Out" period is needed at least once a week: -- ▾
- Requires one-on-one supervision for many program activities: -- ▾

Maladaptive Score:

Required Fields

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

Hint

Once the Save button is selected, the form will automatically forward to the Main Assessment Info. navigation tab so that the form status can be changed from Work in Progress to Approved.

Approve (Complete) the Form

Overview

The data entry of the BASIS form within KAMIS is completed. For the form to be completed, it needs to be in “Approved” status. Once the form is in Approved status and saved, the following will occur:

- All fields will be disabled.
- The Converted Score and Tiers will be calculated.
- Based on standard criteria, a notice will display stating either ‘Functionally Eligible’ or ‘Functionally Not Eligible.’
- Based on criteria* that determine under what funding code an assessment should be paid, and if it should be paid, the following automated processes run:
 - Plan of Care is automatically created with the Assessment service line entered.
 - Services Provided (225) entry is automatically created.
 - KDADS Accounting Division pays the CDDO on the next monthly payment cycle.

*If *Assessment Location* is not “State Institution”, the POC/billing process runs using the appropriate funding code depending on whether the *Customer has a Current Medicaid Card* field response is “YES” (BASFED1) or “NO” (BASFED0).

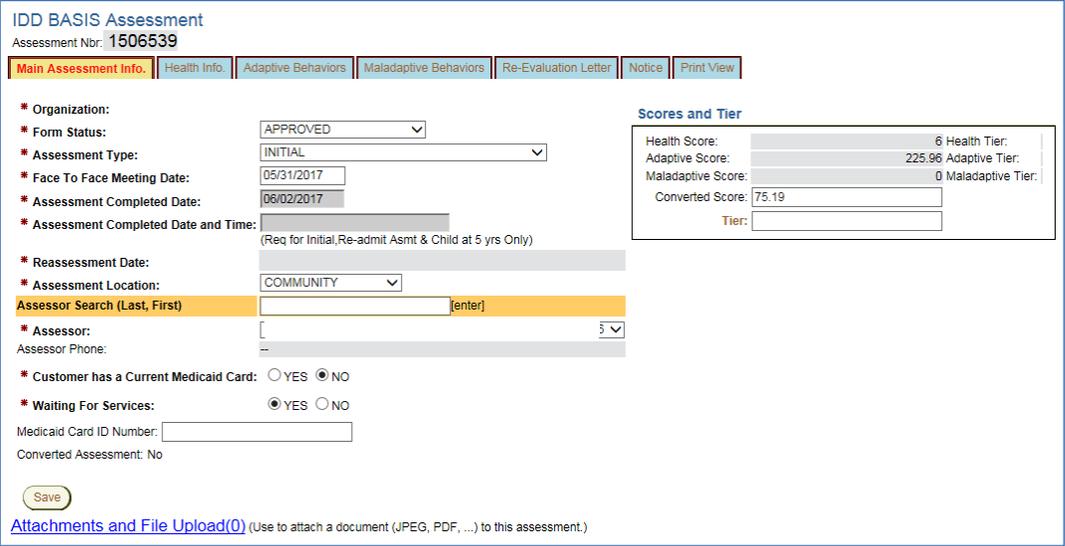
If *Assessment Location* is “State Institution”, and the *Assessment Type* is “Annual Re-evaluation”, “Special Re-evaluation with Permission”, or “Transferred from another Facility”, and the assessing organization is one of two pre-defined CDDOs, the automated POC/billing process runs using the IDDSGF funding code.

Continued on next page

Approve (Complete) the Form, continued

How To

Follow the steps in the table below to finish the data entry process.

Step	Action	Result
1.	In the Form Status field, select "Approved".	
		
2.	Click on Save .	A double check of all validations, both in Person Administration and within each Assessment page, will be completed.
3.	If a required field has not been completed, errors will display on the page.	<p>Form cannot be saved as Approved - required fields missing.</p> <p>The following are required for Approved status:</p> <p>Customer:</p> <ul style="list-style-type: none"> • Birth Date is Required <p>Customer - Main:</p> <ul style="list-style-type: none"> • Birthdate must be entered
4.	The error listing will state either Person Administration (Customer) or the Navigation Tab location and the field name causing the error.	
5.	Navigate to the page and field containing the error(s) and enter or correct the data.	Remember to click the Save button on each page that is updated.
6.	Once all the errors have been corrected, navigate back to the Main Assessment Info . Navigation Tab.	

Continued on next page

Approve (Complete) the Form, continued

How To

Continued

Step	Action	Result
7.	In the Form Status field, select "Approved".	
8.	Click on Save .	The validation check will occur again.
9.	If no errors, the form will be saved as Approved.	All fields will be read-only and the form can no longer be edited.

IDD BASIS Assessment
 Assessment Nbr: 1506539 [Plan of Care](#)

[Main Assessment Info](#) | [Health Info](#) | [Adaptive Behaviors](#) | [Maladaptive Behaviors](#) | [Re-Evaluation Letter](#) | [Notice](#) | [Print View](#)

* Organization:	<input type="text"/>	
* Form Status:	APPROVED	
* Assessment Type:	INITIAL	
* Face To Face Meeting Date:	05/31/2017	
* Assessment Completed Date:	06/05/2017	
* Assessment Completed Date and Time:	06/05/2017 09:31 (Req for Initial, Re-admit Asmt & Child at 5 yrs Only)	
* Reassessment Date:	06/04/2018	
* Assessment Location:	COMMUNITY	
* Assessor:	<input type="text"/>	
Assessor Phone:	<input type="text"/>	
* Customer has a Current Medicaid Card:	<input type="radio"/> YES <input checked="" type="radio"/> NO	
* Waiting For Services:	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Medicaid Card ID Number:	99944411992	
Converted Assessment:	No	

Scores and Tier

Health Score:	6	Health Tier:	5
Adaptive Score:	225.96	Adaptive Tier:	5
Maladaptive Score:	0	Maladaptive Tier:	5
Converted Score:	75.19		
		Tier:	5

Functionally Eligible

Re-Evaluation Letter Navigation Tab

Overview

The Re-Evaluation Letter navigation tab contains the re-evaluation letter that is completed based on the data entered in the Assessment, and information pulled from the customer's Person Administration records.

To print the letter, use the Page Setup instructions and Print button located in the top-left corner of the page.

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

New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-4986
Fax: (785) 296-0256
kdads.wwwmail@ks.gov
www.kdads.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

Customer:
MAY SMURF
2345 SMURF WAY
TOPEKA, KS 66614-

CDDO Responsible:
Name:
Address: CDDO Information

Guardian/Responsible Party:
MOM SMURF 2345 SMURF WAY - TOPEKA KS 66614 - LEGAL GUARDIAN

Other Information:
Social Security Number: Medicaid ID:
Converted Score: 98.15 Tier: 3
Assessment Type: SPECIAL RE-EVALUATION WITH PERMISSION
Assessment Date: 08/20/2021
ReAssessment Due Date: 08/19/2022

Contact:
If you have questions about this notice of action, please contact:
The CDDO Office Listed.

RE-EVALUATION NOTICE

The above consumer is eligible for an Intermediate Care Facility (ICF/IDD) and the Home and Community Based Services for Intellectual and Developmental Disabilities (HCBS/IDD).

HCBS Director

This Plan of Care has been reviewed and found:

Current	Yes	No
Adequate	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If the plan is not adequate, it is based on the following information:

Additional Comments:

MR-4 02/2019
Printed On: 01-SEP-21

To exit out of the Re-Evaluation Notice and return to the BASIS Assessment, click on the **Return to Assessment** button (next to the Print button).

Notice Navigation Tab

Overview The Notice navigation tab contains the Notice of Action letter that is completed based on the data entered in the Assessment, and information pulled from the customer's Person Administration records.

To print the letter, use the Page Setup instructions and Print button located in the top-left corner of the page.

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

New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-4986
Fax: (785) 296-0256
kdads.wwwmail@ks.gov
www.kdads.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

Customer:
MAY SMURF
2345 SMURF WAY
TOPEKA, KS 66614-

Guardian/Responsible Party:
MOM SMURF 2345 SMURF WAY - TOPEKA KS 66614 - LEGAL GUARDIAN

Contact:
If you have questions about this notice of action, please contact:
The CDDO Office Listed Above.

Other Information:
Social Security Number: 98.15
Medicaid ID: Tier: 3
Assessment Type: SPECIAL RE-EVALUATION WITH PERMISSION
Assessment Completed Date: 08/20/2021
ReAssessment Due Date: 08/19/2022

CDDO Responsible:
Name:
Address: CDDO info here

NOTICE OF ACTION

You are eligible for an Intermediate Care Facility (ICF/IDD) and the Home and Community Based Services for Intellectual and Developmental Disabilities (HCBS/IDD).

THIS DETERMINATION IS NOT VALID UNLESS IT HAS FIRST BEEN DETERMINED YOU MEET THE DEFINITION OF DEVELOPMENTAL DISABILITY OUTLINED IN K.S.A. 39-1803. IF YOU DO NOT MEET THIS DEFINITION, YOU ARE NOT ELIGIBLE FOR ICF/IDD (HCBS/IDD) SERVICES.

An intermediate care facility for persons with intellectual/development disabilities is a facility, funded by Medicaid, and authorized by Title XIX of the federal Social Security Act, which provides 24 hour supervision and "continues active treatment" to individuals with intellectual disabilities and related conditions.

Home and Community-Based Services for individuals with IDD or other developmental disabilities (HCBS/IDD) are an alternate to ICF/IDD which pays for services in the individual's home or an integrated community setting.

You are not guaranteed to receive either services and may be placed on a waiting list, depending upon the availability of either services.

HCBS Director
MR-5a 02/2019
Printed On: 01-SEP-21
Mailed On: _____, by: _____

To exit out of the Notice of Action and return to the BASIS Assessment, click on the **Return to Assessment** button next to the Print button.

Print View Navigation Tab

Overview

This tab provides a print view version of the BASIS assessment. Print View opens in a new window, providing a scroll bar to view all the form data on one screen. The Print View format does not display in the same layout as the online form, but it is divided into sections of information based on the paper form.

KAMIS ID: 821305 Name: SMURF, MAY Customer Status: ACTIVE [More Person Info...](#)
 Orgs: Primary: [Redacted] Secondary: [Redacted]
 (ISD; as JOBAUER, PSA 12.) Note that MCOs are in PERSON_PSA, not -MCO; fix if/when MCOs pulled from _PSA.

IDD BASIS Assessment
 Assessment Nbr: 1757819 [Plan of Care](#)

Main Assessment Info 200	Health Info 202	Adaptive Behaviors 203	Maladaptive Behaviors 205	Notice 500	Re-Evaluation Letter 501	Print View 610
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Organization: [Redacted]
 Form Status: APPROVED

Scores and Tier
 Health Score: 10 Health Tier: 3

Print View Window

To print the Print View version of the BASIS Assessment, use the Print button located at the top of the Print View window.

The grayed out portion of the form indicates information from Person Administration

The white background is obtained from the BASIS assessment.

Kansas Department for Aging and Disability Services
 BASIS Assessment Instrument
 Version: 5.1.3.00.05 Viewed 09/01/2021 10:06:55 AM

KAMIS ID: 821305 Name: MAY SMURF
 Age: 31 Gender: FEMALE
 Marital Status: SINGLE
 Veteran: N
 Spouse of Veteran:
 Recv. Veteran Benefits:

Customer Ethnicity Type: NOT HISPANIC OR LATINO
 Customer Ethnicity: REPORTING 2 OR MORE RACES

Customer Speaks: ENGLISH
 Customer Reads: ENGLISH
 Customer Understands: ENGLISH

Current Addresses: Address Type: RESIDENTIAL Effective Date: 01/01/2021 Termination Date:
 Location: URBAN County: SN - SHAWNEE
 2345 SMURF WAY
 TOPEKA, KS 66614-
 Primary Phone: 785-555-2345 Alternate Phone: -- Cell Phone: -- Fax:
 E-Mail: Website:
 Directions:

Roles:	CUSTOMER	ACTIVE	Effective Date: 01/01/2021	Termination Date:
Associates:	LEGAL GUARDIAN	MOTHER	Effective Date: 01/01/2021	Termination Date:
		SMURF, MOM	2345 SMURF WAY TOPEKA, KS 66614-	
		Primary Phone	Alternate Phone	Cell Phone
		785-555-2345	--	--

Customer: 821305 - SMURF, MAY
 Organization: [Redacted] Assessment Nbr: 1757819 Assessment Date: 08/20/2021

Assessment Type	BASIS ASSESSMENT / SPECIAL RE-EVALUATION WITH PERMISSION
Status	APPROVED
Assessor:	ASSESSOR9080, TEST1 ID: 11538 Phone:
Medicaid #:	99988876543

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