## **Chapter 35**

## **Cost Cap Exception and Assistive Technology**

## **Request Forms**

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ImportantThe required fields referenced in this chapter refer to system-required fields.These fields are required in order for the form to be saved in submit for<br/>approved status.

The information that is required due to policy may be different from those that are system required.

## Introduction

Purpose	The process of submitting the Cost Cap Exception and Assistive Technology Request forms online within KAMIS will replace the current process of the Case Manager faxing to KDOA several documents, including the completed request form for review and approval.		
IMPORTANT	The case manager's e-mail address must be added to the e-mail field in the Organization Member's page in order for the case manager's name to display in the TCM Name field of the request form.		
E-Mail Notifications	An automated e-mail notification will be sent to the case manager's e-mail address on record in the Organization Member's page when one of the following actions occur:		
	Approval of the Request		
	Denial of the Request		
	<ul> <li>Additional or Corrected Information is needed for a determination</li> <li>A new or corrected document is needed to be uploaded for a determination</li> </ul>		
	No HIPPA information will be included in this e-mail. The customer's KAMIS ID and the request form date is the only identifying information that will be referenced.		
Responding to the E-Mail Notifications	When an automated e-mail notification is received requesting action the following steps should be taken:		
	1. Sign-in to KDOA Web Applications / KAMIS		
	2. Search for the appropriate customer (the e-mail will list the		
	customers KAMIS ID). 3. Access the current UAI/POC that contains the request form needing		
	action.		
	4. Enter the requested additional/corrected information in the		
	Additional Notes region or upload the requested/corrected document(s).		
Customer Case Log	When the KDOA Program Manager takes one of the above actions that generates an automated e-mail, the message of the e-mail is also added to the customer case log for future reference and documentation.		

### Accessing the Forms

Introduction There are two options in accessing the Cost Cap Exception Request and Assistive Technology Request forms.

- Through the UAI Assessment or
- Through the Plan of Care.

Once a form has been created, regardless through which access point the form was created, the form will be available through either the UAI or Plan of Care.

**How To** Follow the steps in the table below to access the Cost Cap Exception Request and Assistive Technology Request forms.

Step	Action	Result
1.	Perform a Person Search to	
	locate the customer.	
2.	Access either the UAI Assessment	UAI Assessment or the Plan of
	form or the Plan of Care.	Care displays.
3.	The form link is located on the	
	following tabs:	
	• UAI – Customer - Main Tab	
	POC – Customer Information	

# Accessing the Forms (continued)

### How To continued

4.	Click on the Create a new CCER or Create a new ASTEX Req. link	Form will open in a separate	
	or <b>Create a new ASTEX Req.</b> link		
		window.	
	to open the referenced form.		
and a second	353198 Name: JETSON, JUDY AAA/CME: 4 Assessment Nbr 20654775 more.		
JAI - Unifor	m Assessment Instrument Version 3 UnmetNeeds	Tu Support	
1 Customet	Assessment amongon Flan Physical Presiming Bialication (Company)	Service Service Instrument	
Main Day	mugrapmen		
	Form Status WORK IN PROGRESS	xpedited Services	
Charles and a state		Expedited Ind 🚽	
Assessor Se	arch (Last, First) SPACELY, COSMO P. [enter] Assessor SPACELY, COSMO - SPACELY SERVICES 2007925 -	Expedited	
	Assessor Phone 785-296-4789	Comment	
* A	ssessment Date 07/06/2010 File	e Upload (II)	
Real purson		CE/ASTEX Requests	
Reg Disaster Red Flag		Create a new CCER. Create a new ASTEX Reg	
Electric Physical Im			
	KAMIS ID: 200353198 Name: JETSON, JUDY Primary AAA/CME: POC - PLAN OF CARE <u>Assessment UnmetNeeds</u> Caselog Standard UAI Customer Information Customer JETSON, JUDY Address 101 SKYPAD AVENUE County SN		
SSN 556115656 Medicaid# Phone# 78529649		964987 Create a new CCER	
	a state of the second se	Greate a new GGER	
	Emergency Contacts	And other Teacher days in French	
	Person's Original Effective Date 07/04/2010	Assistive Technology (ASTEX) Request	
	Customer's Current Status ACTIVE	Create a new ASTEX Reg.	
	Assessment Type UNIFORM ASSESSMENT INSTRUMENT		
	Assessment Date 07/06/2010 Reassessment Due Date 07/05/2011		

## Accessing Existing Request Forms

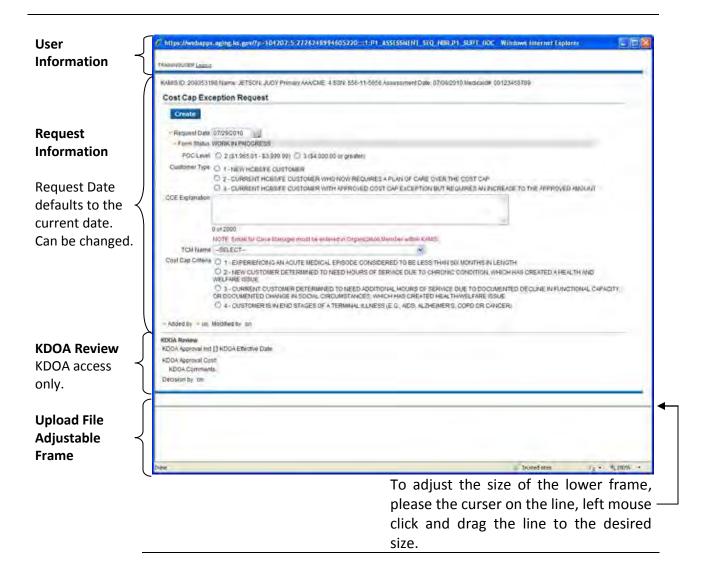
Introduction Once a form has been created, it can be viewed through either the UAI Assessment or the Plan of Care.

How ToFollow the steps in the table below to access an existing the Cost Cap<br/>Exception Request and Assistive Technology Request form.

Step	Action	Result
1.	Perform a <b>Person Search</b> to	
	locate the customer.	
2.	Access the UAI Assessment form	UAI Assessment or the Plan of
	or the Plan of Care.	Care displays.
3.	A table will be displayed listing all	
0.	request forms by date under the	
	appropriate heading.	
4.	Click on the <b>request link</b> to open	Form will open in a separate
4.	the existing referenced form.	window.
		window.
Main         Demographics           * Form Status APPROVED         File Upload (0)           * AAA/CME 4 - JAYHAWK AREA AGENCY ON AGING         CCE/ASTEX Requests           * Assessor SPACELY, COSMO - SPACELY SERVICES 2007925         Create a new ASTEX Req.		
	sor Phone 785-296-4789 CCER 0	reated 07/29/10 02:29 PM ASTEX Reg. created 07/30/10 03:14 PM
Disaster         KAMIS ID: 200353198 Name: JETSON, JUDY Primary AAACME: 4 SSN: 556-11-5656 Assessment Date: 07/06/2010           Electric         POC - PLAN OF CARE         Assessment         Unmet Needs         Caselog         Unlock & Close           Physical Impair         Standard UAI         Customer Information         Line Items         Data Entry         Print View         File Upload (0)           Customer JETSON, JUDY         Address 101 SKYPAD AVENUE         County SN         Cost Cap Exception Request           SSN 556115656         Medicaid#         00123456789         Phone# 7852964987         Cost Cap Exception Request           Person's Original Effective Date 07/04/2010         Person's Original Effective Date 07/04/2010         Assistive Technology (ASTEX) Require		Index & Close Index (0) Cost Cap Exception Request Create 5 new CCER
	Customer's Current Status ACTIVE Assessment Type UNIFORM ASSESSMENT INSTRUMENT	Create a new ASTEX Reg.
	Assessment Date 07/06/2010 Reassessment Due Date 07/05/2011	ASTEX Reg. created 07/30/10 03:14 PM

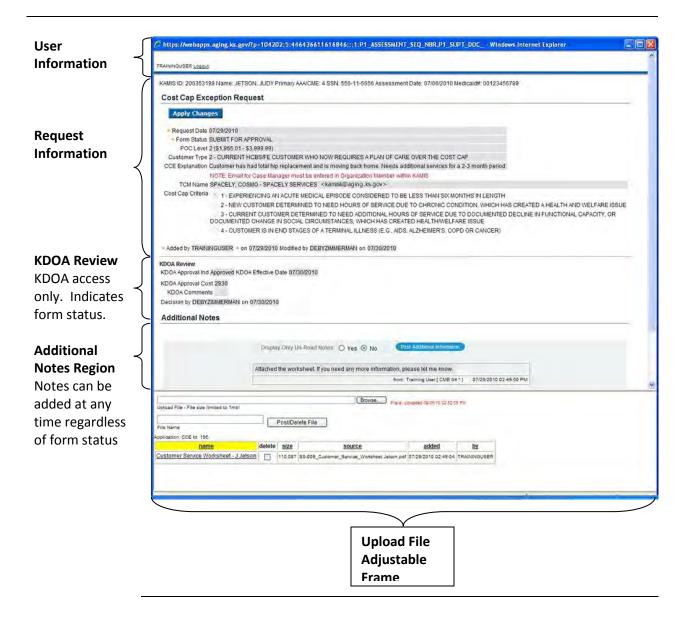
### **Cost Cap Exception – New Form**

Initial FormThe below screen print is the form prior to any information being entered orWindowcreated.



### **Cost Cap Exception – Completed Form**

CompletedThe below screen print is the form after information has been entered andForm Windowthe form has been submitted for approval.



How To CreateFollow the steps in the table below to create the Cost Cap Exception Requestthe Formform. Once created two additional regions, Additional Notes and File Upload<br/>will display.

NoteThe changes in services or units should be entered on the Plan of Care in<br/>KAMIS and referred to the assigned KDOA Approver.

Step	Action	Result
1.	Access the form as previously	New form is displayed.
	instructed.	
2.	Complete all fields on the form.	All fields are required.
3.	Click on the <b>Create</b> button.	Form will be saved with a status
		of Work in Progress.
		The Additional Notes and the
		Upload File regions are displayed
	Fata a statistica da la seconda da la	and available.
4.	Enter any additional comments in the <b>Additional Notes</b> area.	The notes will remain on all Cost
	the Additional Notes area.	Cap Exception Request forms associated with the UAI/POC.
	Detailed Instructions on Page 18.	associated with the OAI/FOC.
5.	<b>Upload</b> the required documents	The uploaded document will
	of the paper Plan of Care and the	remain only on this version of the
	Customer Service Worksheet.	Cost Cap Exception Request form.
	Detailed Instructions on Page 20.	
6.	Once all information is entered.	
	Using the drop down selection	
	field, change the Form Status to	
	Submit for Approval.	

## Cost Cap Exception Process (continued)

### How To continued

tep	А	ction		Result
7.	Click on the Ap	ply Changes	Form fields a	are disabled and the
	button.		form is subm	nitted to KDOA for
			review.	
			TCVICW.	
	A THE REAL PROPERTY AND A	etter of terrorismic and a solution	A LO DE L	
C hilps://w	ebapps.aging.ks.gov/7p-104207:5:	2726248994605220:::1:P1_A550	SSMENT_SEQ_NER.P1_SUPT_DOC - Wind	lows Internet Explacer
TRAININGUSE	R Ladaius-			
KAMSID 2	00353198 Name: JETSON, JUDY Prima	IY AAAVCME 4 SSNI 556-11-5656 Asse	soment Date: 07/05/2010 Metskaid# 001234	56789
Cost Ca	p Exception Request			
Apph	Changes			
	et Date 07/29/2010	1		
PO	Status SUBART FOR APPROVAL CLEVE 2151.005.01 - \$3.999.997	1		
	el Type 2 - CURRENT HOBBIE CUSTO Instion Customertias had total his hob		of CARE OVER THE COST CAP ods additional services for a 2-3 month perior	
	MOTE Email for Case Manuphi	multi be entered in Organization Memb	er witten Kritig	
	Name SPACELY, COSMO - SPACELY 1 Orbitis - 1, EXSERIENCING AN ACT		TO BE LESS THAN SIX MONTHS IN LENGTH	
			CE DUE TO CHRONIC CONDITION, WHICH H	
	3 - QURRENT CUSTOMER	DETERMINED TO NEED ADDITIONAL	HOURS OF SERVICE DUE TO DOCUMENTE	D DECLINE IN FUNCTIONAL CAPACITY, DR
	DOCUMENTED CHANGE IN SO	CIAL CIRCUMSTANCES, WHICH HAS	CREATED HEALTH WELFARE ISSUE MDS ALZHEMER'S, COPD OR CANCER)	
-	TRAININGUSER - on 07/20/2010 Mod	ned by TRANSNUSER on UN20201		
KDOA Revit	w sval Ind [] KDOA Effective Date:			
KENDA Appr	oval Cost			
KDGA C Decisión b	omments /			
	al Notes			
riu uno er				
	Tanthay Dra	y Unuber Notion O Yes 🛞 No	(	
		S 100 5 10		
	Attached th	he worksheet. If you need an	y more information, please let me l	
			Row Training User [ DNE 04 * ] 07/29/2019 0	246.56 (71)
-		12		
Upited Pite - P	Ne age limited to time:	Brone	Fair annaic thick acres	
Tile Name	Post	Delete File		
Wellowshir CO	Lie 198			
Dastores for	name delete sin		added by	
SCHOOL SC	CONTRACTOR CONTRACTOR CONTRACTOR	al anosa" cressula "pasca" unapael p	NUMBER OF CHILDRED OF AN DA TRADUNGURAN	
-				$\sqrt{10006}$ ster $\sqrt{g} = 0.1006 +$

Note

When the request form is saved with the status of Submit for Approval the form will be placed on the Cost Cap Exception worklist for KDOA action.

# Assistive Technology – New Form

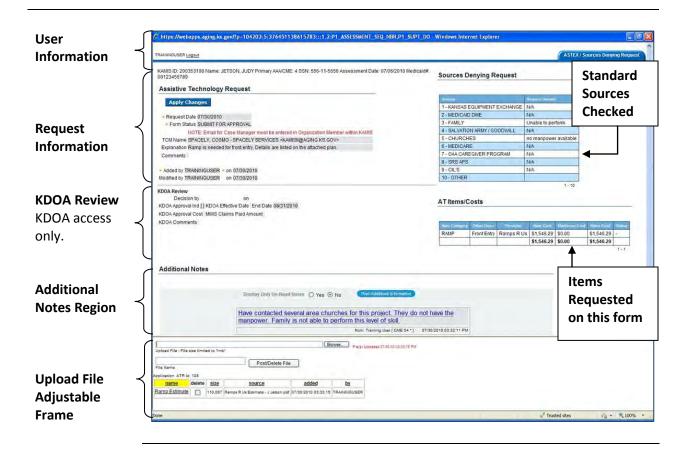
Initial FormThe below screen print is the form prior to any information being entered orWindowcreated.

Jser _	Attps://webapps.aging.ks.gov/?p=104203:5:2530005270741318:::	1,7:P1_ASSESSMENT_SEQ_NBR.P1_SUPT_D - Windo
nformation	TRAININGUSER Logout	ASTEX / Sources Denying Request
(	KAMIS ID: 200353198 Name: JETSON, JUDY Primary AAA/CME: 4 SSN: 556-1	1-5656 Assessment Date: 07/06/2010 Medicaid#: 00123456789
equest	Assistive Technology Request	
nformation	Create	
	Request Date 08/05/2010	
Request Date	<ul> <li>Form Status WORK IN PROGRESS</li> <li>NOTE: Email for Case Manager must be entered in Organization</li> </ul>	Member within KAMIS
lefaults to the	TCM Name -SELECT	<u> </u>
current date.	Explanation	
Can be changed.		
	0 of 2000 Comments	
	0 of 2000	
	Added by on Modified by on	
DOA Review	KDOA Review	
DOA Review	Decision by on KDOA Approval Ind [] KDOA Effective Date End Date 09/30/2010	
only.	KDOA Approval Cost MMIS Claims Paid Amount KDOA Comments	
(iiiy).	ADOA Comments	
(		
Ipload File 🚽		
Adjustable		
Frame		
	Done	Trusted sites
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		To adjust the size of the lo
		frame, please the curser on
		-
		line, left mouse click and c

the line to the desired size.

### **Assistive Technology – Completed Form**

CompletedThe below screen print is the form after information has been entered andForm Windowthe form has been submitted for approval.



## **Assistive Technology Process**

How To CreateFollow the steps in the table below to create the Assistive Technologythe FormRequest form. Once created four additional regions will display.

NoteThe Assistive Technology line item(s) should NOT be entered on the Plan of<br/>Care in KAMIS until the item(s) have been approved by KDOA.

Step	Action	Result
1.	Access the form as previously	New form is displayed.
	instructed.	
2.	Enter the <b>Date of the Form</b>	
	(default is the current date)	
3.	Select the <b>TCM</b> from the drop	All fields are required.
	down field.	
4.	Enter the explanation of the item	Optional
	requested in the Explanation	
	field.	
5.	Enter any additional comments in	Optional
	the <b>Comment</b> field	
6.	Click on the <b>Create</b> button.	Form will be saved with a status
		of Work in Progress.

# Assistive Technology Process (continued)

### How To continued

ер	Action	Result
7.	The following regions are	Regions are marked with the
	displayed and available.	corresponding letter in the
		graphic below.
	A. Sources Denying Request	0 1 1 1 1 1
	B. AT Items/Costs. The Modify	
	AT Items/Cost tab is	
	displayed.	
	C. Additional Notes	
	D. Upload File	
		I
	/> https://webapps.aging.ks.gov/?p=104203:5:376451138615783:::1,2:P1_ASSESSMENT_SEQ_N	BR.P1_SUPT_DO - Windows Internet Explorer
	TRAININGUSER Logout	ASTEX / Sources Den Request Mis W AT Berns Posts
	KAMIS ID: 200353198 Name, JETSON, JUDY Primary AAA/CME: 4 SSN: 556-11-5656 Assessment Date: 0706/2010 Medicald#: 00122455789	Sources Denying Request A
	Assistive Technology Request	
	Apply Changes	1 - KANSAS EQUIPMENT EXCHANGE
	Request Date 07/30/2010     Form Status WORK IN PROGRESS	2 - MEDICAID DME
	NOTE: Email for Case Manager must be entered in Organization Member within KAMIS TCM Name SPACELY, COSMO - SPACELY SERVICES <kamisi@aging.ks.gov></kamisi@aging.ks.gov>	4 - SALVATION ARMY / GOODWILL
	Explanation Ramp is needed for front entry. Details are listed on the attached plan.	5 - CHURCHES
	73 of 2000	7 - DAA CAREGIVER PROGRAM
	Comments	8 - SRS APS 9 - CIL'S
	0 of 2000	10- OTHER
	Added by TRAININGUSER = on 07/30/2010 Modified by     on	AT Items/Costs B
	KDOA Review	Modify AT Items/Losts
	Decision by on KDOA Approval Ind [] KDOA Effective Date End Date 08/31/2010	no data found
	KDOA Approval Cost MMIS Claims Paid Amount KDOA Comments	
	Additional Notes C	
	Display Celly Un-Read Notes O Yes O No Read Address	n August Mark
	staging only investigations O 165 O 10	
		· · · · · · · · · · · · · · · · · · ·
	Upland File - File size limited to 1mb1	
	File Name Application: ATR Ist: 105	
	name delete size source added by	
		√ Trusted skes 5 6 + 34 100% -
0	Complete the Sources Dervice	1
8.	Complete the Sources Denying	
	Request region. (A)	

# Assistive Technology Process (continued)

### How To continued

tep	Action	Result
9.	Enter the <b>Reason Denied</b> for eac	h
	of the 10 sources listed.	
	Sources Denying Request	
	Source	Reason Denied
	1 - KANSAS EQUIPMENT EXCHANGE	N/A
	2 - MEDICAID DME	N/A
	3 - FAMILY	Unable to Perform this project
	4 - SALVATION ARMY / GOODWILL	N/A
	5 - CHURCHES	Unable to Perform this project
	6 - MEDICARE	N/A
	7 - OAA CAREGIVER PROGRAM	N/A
	8 - SRS APS	N/A
	9 - CIL'S	N/A
	10 - OTHER	
		1 - 10
10.	Click on the <b>Apply Changes</b> button.	Information is saved.
11.	Continue to the next section to add the requested items to the form.	

**How To** Once the Assistive Technology Request page has had several of the regions completed, follow the steps in the table below to add the item(s) to the request.

Step	Action	Result			
1.	To add items to the request, click	Will forward to the Modify AT			
	on the Modify AT Items/Costs	Items/Cost page.			
	button (B) under the AT				
	Items/Costs region.				
Chtt	ps://webapps.aging.ks.gov/?p=104203:5:446436611616846:::1,2:P1	1_ASSESSMENT_SEQ_NBR,P1_SUPT_DO - Window 📮 🔲 🔀			
TRAIN	INGUSER Logout	ASTEX / Sources Denying Request Modify AT Items/Costs			
1.00	IS ID: 200353198 Name: JETSON, JUDY Primary AAA/CME: 4 SSN: 556-11-565	6 Assessment Date: 07/06/2010 Medicald#: 00123456789			
	items/Costs				
	Cancel Delete Submit				
140	Add Row				
	Brow				
Upload	d File - File size limited to 1mb!	Rec. J File(a) Uppased DB/00/10 02:52:55 FM			
File N					
	delete size source added by				
Done		🖌 Trusted sites 🧳 🔸 🗮 100% 🔹			
2.	Click on Add Row button.	Plank Row will be displayed			
۷.		Blank Row will be displayed			
C https://w	vebapps.aging.ks.gov/?p=104203:5:376451138615783:::1,2:P1_ASSESSMENT_SEQ_N	BR.P1_SUPY_DO - Windows Internet Explorer			
TRAININGUSE	ER Logout	ASTEX / Sources Denving Request Modify AT Items/Costs			
KAMIS ID: 2	200353198 Name: JETSON, JUDY Primary AAA/CME: 4 SSN: 556-11-5656 Assessment Date: 07/0	6/2010 Medicald#: 00123456789			
	s/Costs				
Cance		Medicare Cmt Aldeel By Koles Case on Madheed By Ser			
	Add Row				
3.	Select the Item Category from				
5.	then drop down listing.				
4.	Enter an additional <b>Description</b> if				
т.	needed.				
5.	Enter the <b>Provider</b> of the item.				
5.					

# Assistive Technology Process – Adding Items (continued)

### How To continued

Step		Act	tion			R	esult	
6.	Enter t	he total <b>It</b>	em Cost.					
7.	Enter t	he medica	are portion o	fthe				
	amour	nt in the <b>M</b>	edicare Cost	t				
	field.							
https://web	apps.aging.ks.go	v/?p=104203:5:376451	138615783:::1,2:P1_ASSESS	MENT_SEQ_NBR	,P1_SUP	T_DO - Windows Internet E	plorer	
AININGUSER L	logout					ASTEX / Sources Den	Ing Request Modify A	T Items/Costs
AMIS ID: 200		SON, JUDY Primary AAAVCM	E: 4 SSN: 556-11-5656 Assessm	nent Date: 07/06/2	2010 Medic	caid# 00123456789		
Cancel	Delete Sut	omit						
0	liim Galege	ry Other D	escription Province	Illina Gost Mail	Gigath (Gov)	Anded Ep Adder Cost	on Madmind By on	
RAME	2	Front E	Entry Ramps R Us	1546.29 0			141	
							Add Row	
8.	If addi	tional item	is are being					
	reques	sted, click o	on the Add R	ow				
	buttor	. Repeat s	steps 2-7 unt	il all				
	items	are entere	d.					
9.	If an it	em needs	to be delete	d,	Iten	n is remove	d from the	list.
	click o	n the chec	k box at the l	left				
	side of	the table	(selects the					
	item) a	and click o	n the <b>Delete</b>					
	buttor	).						
10.	Click o	n <b>Submit</b> l	outton which	ı will	Will	be returne	d back to t	he
	compl	ete the ite	m entry.		Assi	stive Techn	ology Page	
					A ta	ble will disp	olay will all	item(s
					liste	ed under the	e AT Items/	'Costs
					regi	on.		
ATI	tems/C	osts						
-								
Mo	odify AT	Items/Co	sts					
_	8.4	-		100		-	Print Print	21.00
Television and	Category	Other Desc	Provider	Hem C		Medicare Cost		Status
-	10	Enant East	Deman Ditt	04 5 4 5			CA E 10 00	
Item RAM	IP	Front Entry	Ramps R Us	\$1,546 \$1,546		\$0.00 \$0.00	\$1,546.29 \$1,546.29	-

# **How To** Once the Assistive Technology Request page is displayed, follow the steps in the table below to complete the rest of the information on the request.

Step	Action	Result
1.	Enter any additional comments in	The notes will remain on all
	the Additional Notes region. (C)	Assistive Technology Request
		forms associated with the
	Detailed Instructions on Page 18.	UAI/POC.
2.	Upload the required documents	The uploaded document(s) will
	of any bids and home	remain only on this version of the
	modification proposals. (D)	Assistive Technology Request
		form.
	Detailed Instructions on Page 20.	
3.	Once all information is entered.	
	Change the Form Status to	
	Submit for Approval.	

# Assistive Technology Process – Completing the Request (continued)

### How To continued

tep	Action			I	Resi	ılt	
4.	Click on the Apply Changes	Form	field	ds are	e die	sable	ed and the
		-					
	button.					•••	DOA for
		revie	w an	id ap	pro	val.	
https://we	bapps.aging.ks.gov/?p=104203:5:376451138615783:::1,2:P1_ASSESSMENT_SEQ_NBR.P1_	SUPT_DO - Windows Inte	ernet Explore	ar.			
RAININGUSER	Logovi				_	ASTEX	/ Sources Denying Request
00123456789		Medicald#: Sources I	Denying R	equest			-
	Technology Request	Louise .			Lines Denne	0	
Apply	Changes			EXCHANGE	N/A		
	Date 07/20/2010	2 - MEDICA 3 - FAMILY	ID DME		N/A		
· Form St	tatus SUBMIT FOR APPROVAL NOTE: Email for Case Manager must be entered in Organization Member within KAMIS		ON ARMY / GO		Unable to pr	enorm	
TCM Name	PROFE Email for Case Manager must be entered in Organization Member Within RAMIS PRACELY, COSMO - SPACELY SERVICES <kamisi@aging.ks.gov></kamisi@aging.ks.gov>	5-CHURC			no manpow	er available	
Explanation	Ramp is needed for front entry. Details are listed on the attached plan.	6 - MEDICA			N/A		
Comments		7 - DAA CAP 8 - SRS AP	REGIVER PRO		N/A.		
- Added by 1	TRAININGUSER = on 07/30/2010	9-CIL'S	9		N/A	_	
	TRAININGUSER on 07/30/2010	10 - OTHER	2			1-10	
KEOA Approv	sion by on val Ind ∏ KDOA Effective Date End Date 06/31/2010 val Cost IMMIS Claims Paid Amount	AT Items/	Costs				
KDOA Comm	nents	them Cathoger	Voter Date	Investore	Here Grad	(Andreare 9	will Kdoa Graft Blabin
		RAMP	Front Entry	Ramps R Us	\$1,546.29		\$1,546.29 -
					31,540.21	1 30.00	111
Additiona	al Notes						
	Display Only Un-Read Notes 🔿 Yes 💿 No 💦 Food Additional Internation	00					
	Have contacted several area churches for this project. They manpower. Family is not able to perform this level of skill.	do not have the					
		4*] 07/30/2010 03 32 11 Pr					
	Dimuna		_				
Upload File - File	e size fimited to 1mb/ Piese Uploaced 07.60mb 53.52	5 FV					
	Post/Delete File						
File Name	14 108						
name	delete size source added by						
	LE 110.087 Rampe R Us Estimate - J Jetson pot 07/30/2010 03:33:15 TRAININGUSER						
Ramp Estimat							
Ramp Estimat							
Ramp Estimat					🖌 Tri	sted sites	<ul> <li></li> <li><!--</td--></li></ul>

Note

When the request form is saved with the status of Submit for Approval the form will be placed on the Assistive Technology worklist for KDOA action.

## Additional Notes – Adding a New Note

**Introduction** The Additional Notes region is a secured communication tool to post notes or comments on the specific form.

The region will only displays after the form has been created.

**How to** The following are the steps to add a note to the form.

Step	Action	Results
1.	At the bottom of the top frame is	All notes are displayed as the
	the Additional Notes Region.	default.
2.	To add a new note, click on the	A note comment box will display.
	Post Additional Information	
	button.	
Add	itional Notes	
	0 of 3000 Cancel Post New Entry	2
		1
3.	Type the note.	
4.	Click on the Post New Entry	Note is posted to the Additional
	button.	Notes listing.
Decision of		
	al Notes	
Action Pro	cessed TRAININGUSER	
	Display Only Un-Read Notes 🔘 Yes 🕥	No Post Additional Information
	Attached the worksheet. If you need	ed any more information, please let me know.
	1	from: Training User [ CME 04 * ] 07/29/2010 02 49:50 PM
Note	The Users name, CME, date and tim	e posted will automatically be
		e posteu win automatically De
	when the note is posted.	•

### **Additional Notes – Reading**

**Introduction** Once the note is posted, the text of the note will display in different font types and colors, depending upon the status of the note.

**Large Blue Letters** - indicates that a note was posted by another person but you have not read the note.

**Large Red Letters** - indicates that you entered a note however the note has not been read.

**Regular size, black letters** - indicates that the note has been read by you or another person.

**How to** The following are the steps to indicate that you have read a note.

tep		Action	Results
1.	At the botto	m of the top frame is	All notes are displayed as the
	the Addition	al Notes Region.	default.
2.	Select the fil	ter option of what type	Notes are listed in date order
	of notes to d	lisplay.	with the most current at the top.
	• Yes – Disp	plays all the Unread	
	Notes		
	<ul> <li>No – Disp Setting)</li> </ul>	lays all Notes (Default	
	Jetting)		
3.		blue text of a note to	Note format is changed to regula
3.		te as read.	Note format is changed to regula text marking the note as read.
	Click on the		text marking the note as read.
	Click on the mark the not	te as read.	text marking the note as read.
Additio	Click on the mark the not	te as read. Filter Optic	text marking the note as read.
Additio	Click on the mark the not	Display Only Un-Read Notes O Yes O N	text marking the note as read.
Additio	Click on the mark the not	Display Only Un-Read Notes O Yes O N	text marking the note as read.
Additio Unrea Read	Click on the mark the not	te as read. Filter Optic Display Only Un-Read Notes O Yes O N Sorry, now attached the paper vers Attached the worksheet. If you need any more in	text marking the note as read.
Additio Unrea Read User Note	Click on the I mark the not onal Notes ad by User	Tisplay Only Un-Read Notes O Yes O N Sorry, now attached the paper vers	text marking the note as read.

### File Upload – Attaching File

**Introduction** For approval determination, the following types of documents are required to be uploaded into KAMIS.

- Cost Cap Exception Request:
  - Clock Draw Page of the UAI Assessment (Page 4)
  - Paper version Plan of Care
  - Customer Service Worksheet
- Assistive Technology Request:
  - Bids
  - Home Modification Proposals

The Upload File frame only displays after the form has been created.

### **How to** Follow the steps below to attach a file to a specific request form.

Step	Action	Result
1.	The Upload file application will	
	display in the bottom adjustable	
	frame of the form.	
C Upinez File - File to File Name Approxime COE le hame delete giz	as Limpes to find: Post/Delete File tod as scource added by	<u>*</u> *
Done	1944	Trusted sizes 5 4 + 100% +
2.	Click on the <b>Browse</b> button	Choose File to Upload dialog box displays.

# File Upload – Attaching File (continued)

### **How to** *continued*

Step	Actio	on	Result
3.	Browse to the sav	ed document	For best results attach only the
	to be attached. D	ocuments must	following type of documents:
	be saved first.		
	Document		Action
	Туре		
	Word		ents to pdf before attaching **
	Excel		ents to pdf before attaching **
	PDF (Acrobat)	Attach with no	additional steps needed
	Graphics Attach JPG or GIF type graphics – do no		
		(Electronic FAX	) files
		•	ble to convert files to a pdf format. when installing and using freeware
4.	On the Choose File	e to Upload	File is selected and entered into the
	dialog box, click or	n <b>Open</b> button	Upload File field.
5.	Enter a Name in th	ne File Name	Use an identifying name of the file.
	field.		i.e. – CSW; POC; ABC Services Bid
	field.		i.e. – CSW; POC; ABC Services Bid Proposal, etc.
	field.		
	field.		Proposal, etc.
<	field.		
C.//My [	Documents/Customer Files/C	SWt_J_Jetson.pdf	Proposal, etc.
C.//My [ Upload F	Documents/Customer Files/C ile - File size limited to 1mb!	SWt_J_Jetson.pdf	Proposal, etc.
C.//My [ Upload Fi J. Jetsc	Documents/Customer Files/C ile - File size limited to 1mb! on CSW	SWt_J_Jetson.pdf	Proposal, etc.
C.//My I Upload Fi J. Jetsc File Name	Documents/Customer Files/C ile - File size limited to 1mb! on CSW		Proposal, etc.
C.//My [ Upload Fi J. Jetsc File Name Application	Documents/Customer Files/C ile - File size limited to 1mb! on CSW	Post/Delete	Proposal, etc.
C.//My [ Upload Fi J. Jetsc File Name Application	Documents/Customer Files/C ile - File size limited to 1mb! on CSW e h: CCE Id: 108	Post/Delete	Proposal, etc.

# File Upload – Attaching File (continued)

### How to continued

Step	Action	Result
6.	Click on the Post/Delete File	Completes the upload. Table of the
	button	attached file(s) is displayed.
File Name Application C Customer	name delete size Service Worksheet-J Jetson 110,087 55-009_Custome the single file is too large (1 mg or 1, d that the file was too large and was File too large. Deleted. N Files must be less than 1mb is size	deleted.
7.	Repeat until all required	
	documents are attached to the	
	form.	

# File Upload – Viewing File

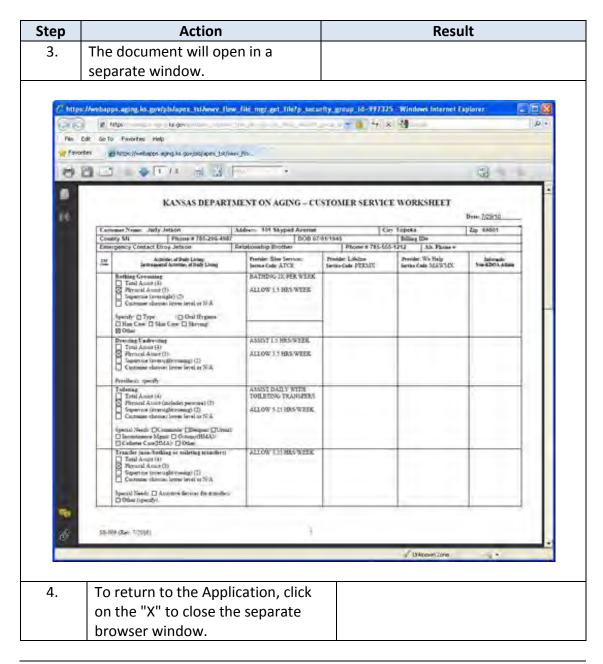
Introduction All attached files can be viewed once uploaded to the form.

Step		Action		Result
1.	Select the fo	rm from the listing.	window	m will open in a separate v. In the bottom frame, the ill display all the attached file
e		Browse		5
Uplcad File - F File Name	The size limited to 1mb!	Post/Delete File	Phana Goovern 07/29/10 02/49/05 P	PA
	E ld: 100			
File Name Application CC			added	bx
File Name Application CC	E ld: 100 name defete	e size source	added	by RAININGUSER
File Name Application CC	E ld: 100 name defete	e size source	added	bx
File Name Application CC	E ld: 100 name defete	e size source	added	by RAININGUSER
File Name Application CC	E ld: 100 name defete	B SIZE SOURCE 110,087 S5-009_Customer_Service_Worksheet J	added	by RAININGUSER

**How to** Follow the steps below to view an attached file.

### File Upload – Viewing File (continued)

### How to continued



# File Upload – Deleting File

**Introduction** Any attached files can be deleted by the person who attached the file to the form.

**How to** Follow the steps below to delete an attached file.

Step	Action	Result
1.	Select the form from the listing.	The form will open in a separate
		window. In the bottom frame, the
		table will display all the attached files.
File Name Application CCE	e size limited to 1mb!	204689 07 25 10 02 45 04 FM ackled bx 07 25 20 10 02 49:04 TRAININGUSER 17 sted stes v <sub>a</sub> + * 100% +
2.	Click on the <b>check box</b> under the delete column. Click the <b>Post/Delete File</b> button.	File is deleted from the form.

## **Approved / Denied Status of Request**

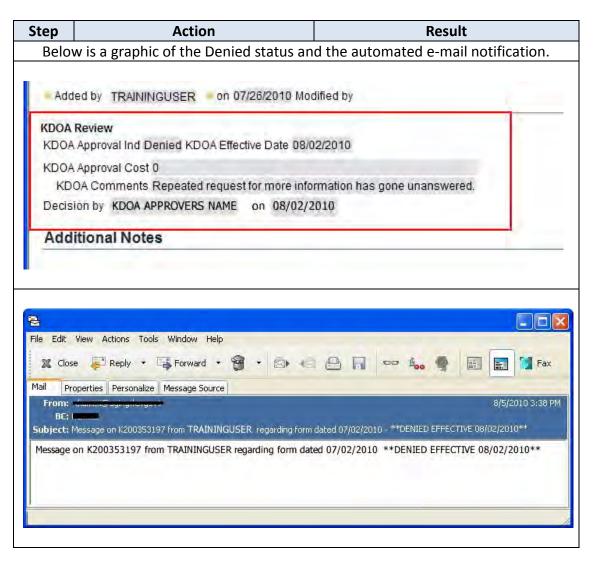
**Introduction** Once KDOA either approves or denies the request, an automated e-mail will be sent to the Case Manager. Also, the request form will indicate the status as well as a notation in the Customers Case Log.

**How to** Follow the steps below to view the status of a request form.

Step	Action	Result
1.	Select the form from the listing.	The form will open in a separate
		window.
2.	The status will display in the	
	KDOA Review region.	
Below	is a graphic of the Approved status a	nd the automated e-mail notification.
Adde		CUMSTANCES, WHICH HAS CREATED HEALTH/WELF/ IF A TERMINAL ILLNESS (E.G., AIDS, ALZHEIMER'S, COI RAININGUSER on 07/30/2010
KDOA R KDOA / KDOA / KDO		
Addit	tional Notes	
X Clos Mail Pr	View Actions Tools Window Help e ∓ Reply 🔹 🕞 Forward 🔹 資 🔹 😒 🐗 operties Personalize Message Source	
From: BC:	diamit. Caging longs (2)	8/5/2010 3:38 PM
	Message on K200353197 from TRAININGUSER regarding form	dated 07/02/2010 - **APPROVED EFFECTIVE 08/01/2010**
Message	on K200353197 from TRAININGUSER regarding form dat	ed 07/02/2010 · **APPROVED EFFECTIVE 08/01/2010**

### Approved / Denied Status of Request (continued)

### How to continued



# **Closing a Request Form**

- **Introduction** The Request forms are launched in a separate window. Therefore, KAMIS is still available in the background.
- **How to** Follow the steps below to close the request form.

Step	Action	Result
1.	To close the request form, simply	Window will close.
	click on the "X" of the form	
	browser window.	
C https://web	https://aging.ks.gov/?p=104202:5:2726248994605220:::1:P1_ASSESSMENT	SEQ_NBR.P1_SUPT_DOC - Windows Internet Explorer
RAININGUSER L	hates	
KAMIS ID: 200	353198 Name, JETSON, JUDY Primary AAA/CAIE, 4 SSN 555-11-5655 Accessment D	ate: 07/06/2010 Medicaid# 00123456789
in a la l	Exception Request	
	eventuel reducat	
	The second se	
	honges	
Apply C	Date 07/29/2010	
Apply C Request Form St	The second se	
Apply C Request Form St POC I Customer	Date 07/29/2010 tatus SUBMIT FOR APPROVAL tatus? 2 (\$1,955,01 - \$3,999,90) Type 2 - CURRENT HCBSIFE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE (	
Apply C Request Form St POC I Customer	Date 07/29/2010 tatus SUBMIT FOR APPROVAL Livel 2 (\$1.955 01 - \$3.999 90) Type 2 - CURRENT HCBS/FE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE 4 abon Customer has had total hip replacement and is moving back home. Needs addd	Ional services for a 2-3 month period.
Apply C Request Form St POCI Customer CCE Explane	Date 07/29/2010 tatus SUBMIT FOR APPROVAL tatus? 2 (\$1,955,01 - \$3,999,90) Type 2 - CURRENT HCBSIFE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE (	Ional services for a 2-3 month period.
Apply C Request Form St POC I Customer CCE Explan TCM N	Date 07/29/2010 Itatus SUBMIT FOR APPROVAL Levit 2 (\$1.955.01 - \$3.999.90) Type 2 - CURRENT HCBS/FE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE 4 July 2 - Sturken House and total hip replacement and is moving back home. Needs add NOTE: Email for Case Manager must be entered in Organication Heriber within	tional services for a 2-3 month period. KANIS
Apply C Request Form St POC I Customer CCE Explan TCM N	Date 07/29/2010 Laturel 2 (\$1.955.01 - \$3.999.90) Type 2 - CURRENT HCBS/FE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE 4 ation Customer has had total hip replacement and is moving back home. Needs add 1/07E: Email for Case Manager must be entered in Organization Manifer Within Jame SPACELY, COSMO - SPACELY SERVICES -KAMISIQAGING KS.GOV- 11eria - 1 - EXPERIENCING AN ACUTE MEDICAL EPISODE CONSIDERED TO BE L 2 - NEW CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE 1	tional services for a 2-3 month period. KANIS
Apply C Request Form St POC I Customer CCE Explan TCM N	Date 07/29/2010 tatus SUBMIT FOR APPROVAL Level 2 (\$1.965.01 - \$3,999.90) Type 2 - CURRENT HOBSIFE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE / alon Customer has had total hip replacement and is moving back home. Needs add 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 2 - NEW CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE T 1/0TR PLAT CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE T 3 - CURRENT CUSTOMER DETERMINED TO NEED ADDITIONAL HOURS (	Ional services for a 2-3 month period. KAMS ESS THAN SIX MONTHS IN LENGTH IO CHRONIC CONDITION, WHICH HAS CREATED & HEALTH AND WELFARE DF SERVICE DUE TO DOCUMENTED DECLINE IN FUNCTIONAL CAPACITY, OR
Apply C Request Form St POC I Customer CCE Explan TCM N	Date 07/29/2010 tatus SUBMIT FOR APPROVAL Level 2 (\$1.45, 91 - \$3, 999, 90) Type 2 - CURRENT HOBSIFE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE 4 alton Customer has had total hip replacement and is moving back home. Needs add NOTE: Email for Case Manager must be entered in Organization Hender within tame SPACELY, COBMO - SPACELY SERVICES -KAMISII@ACANG.KS.GOV+ thema - 1 - EXPERIENCING AN ACUTE MEDICAL EPISODE CONSIDERED TO BE L 2 - NEW CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE T ISSUE 3 - CURRENT CUSTOMER DETERMINED TO NEED ADDITIONAL HOURS 4 DOCUMENTED CHANGE IN SOCIAL CIRCUMSTANCES, WHICH HAS CREATED	Ional services for a 2-3 month period. KAMS ESS THAN SIX MONTH'S IN LENGTH O CHRONIC CONDITION, WHICH HAS CREATED & HEALTH AND WELFARE OF SERVICE DUE TO DOCUMENTED DECLINE IN FUNCTIONAL CAPACITY, OR D HEALTHWELFARE ISSUE
Apply C Request Form S POC I Customer CCE Explan CCM N Cost Cap Cr	Date 07/29/2010 tatus SUBMIT FOR APPROVAL Level 2 (\$1.965.01 - \$3,999.90) Type 2 - CURRENT HOBSIFE CUSTOMER WHO NOW REQUIRES A PLAN OF CARE / alon Customer has had total hip replacement and is moving back home. Needs add 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 1/0TE: Email for Case Manager must be entered in Organication Member vitrin 2 - NEW CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE T 1/0TR PLAT CUSTOMER DETERMINED TO NEED HOURS OF SERVICE DUE T 3 - CURRENT CUSTOMER DETERMINED TO NEED ADDITIONAL HOURS (	Ional services for a 2-3 month period. KAMS ESS THAN SX MONTH'S IN LENGTH O CHRONIC CONDITION, WHICH HAS CREATED & HEALTH AND WELFARE OF SERVICE DUE TO DOCUMENTED DECLINE IN FUNCTIONAL CAPACITY, OR D HEALTHWELFARE ISSUE