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:

<u>Disabilities Information</u>:
Identified Disabilities
Intellectual Assessment
Hearing Assessment
Vision Assessment

<u>Residential & Day Program Information</u>:
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.

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.

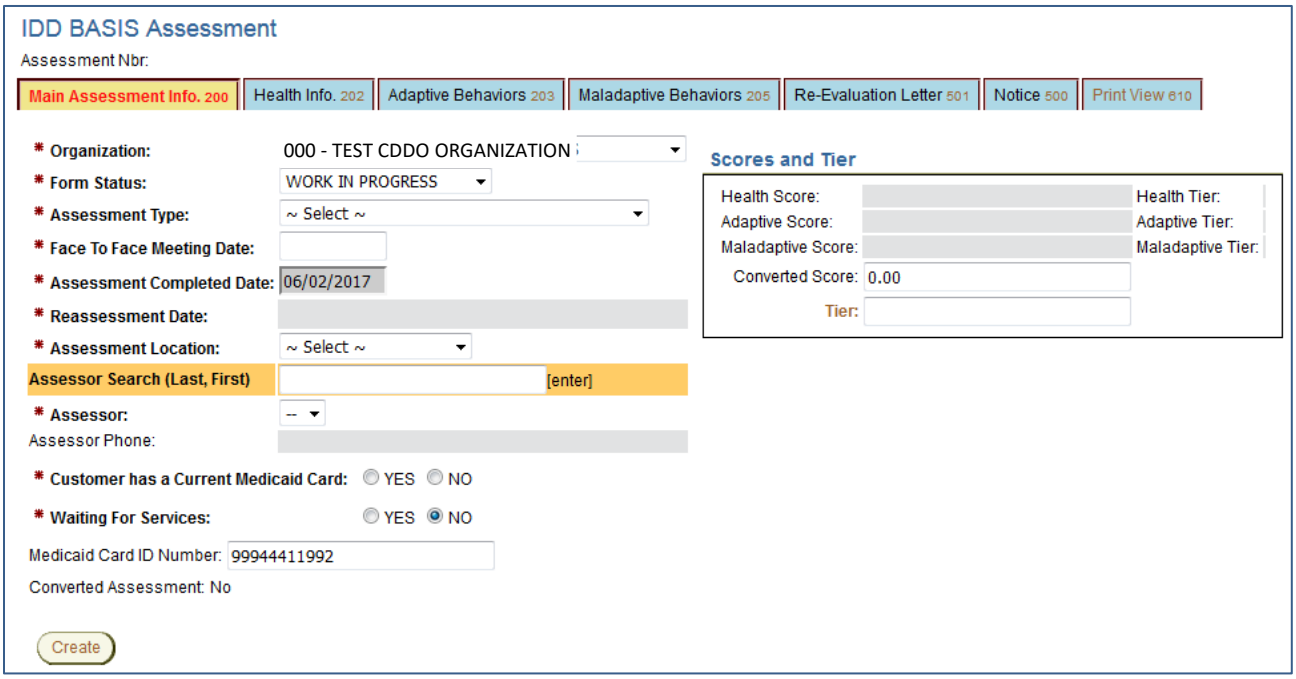
Main Assessment Info. Navigation Tab

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.



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*

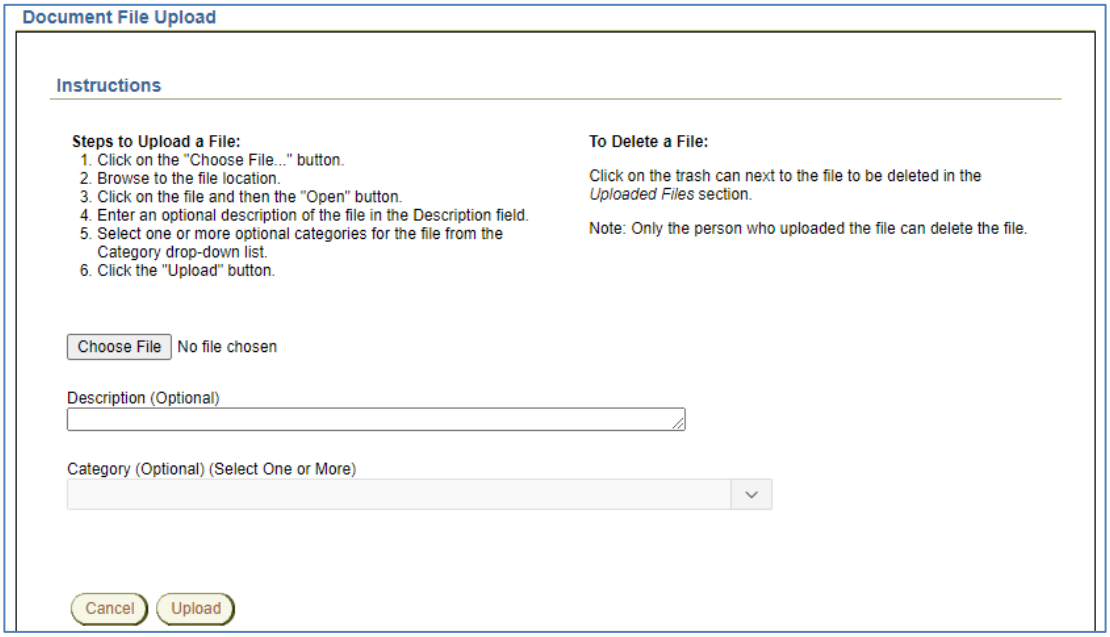
Field	Purpose/Use
Form Status	The form status is automatically set to Work in Progress when the assessment is first created. The form cannot be saved in Approved status until all required fields on all pages are completed.
Assessment Type	The Assessment Type describes the specific kind of BASIS assessment 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.

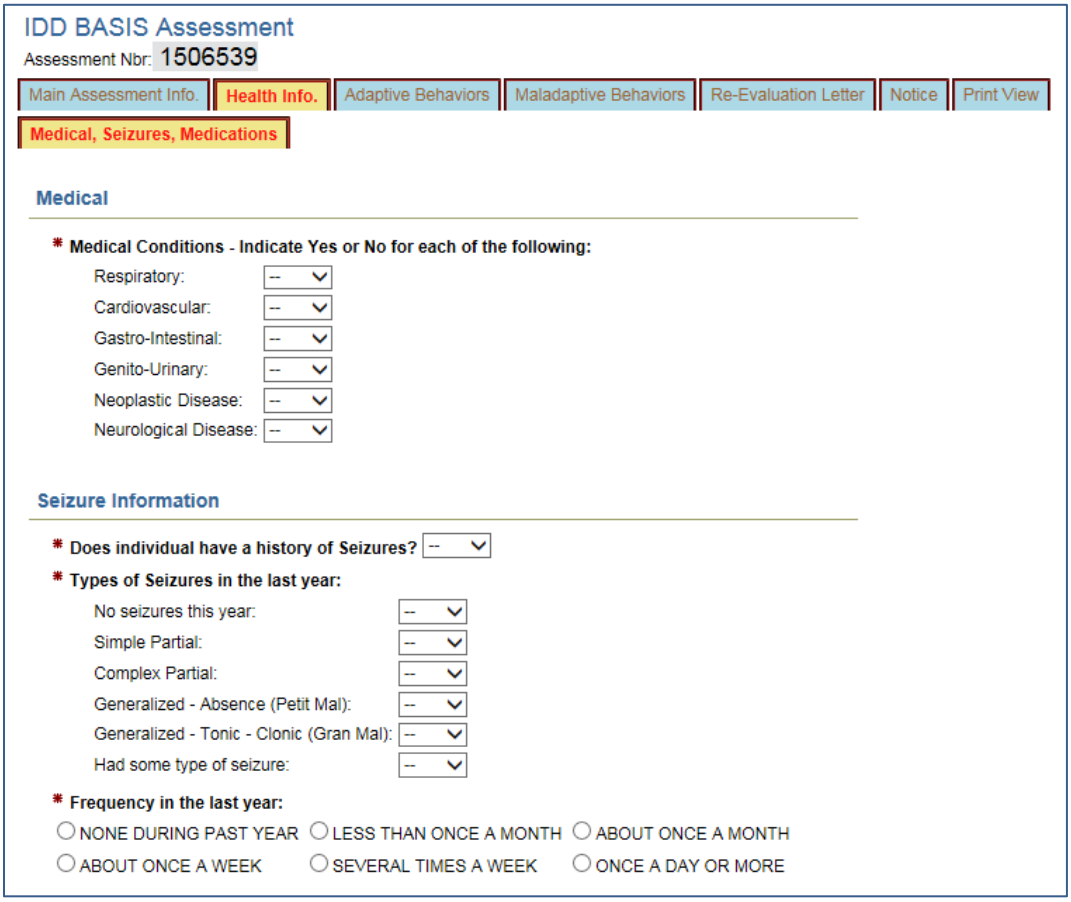


Health Info. Navigation Tab – Medical, Seizures, Medications

Form Reference

Page 2 of the BASIS Assessment form

Top portion of the page



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.

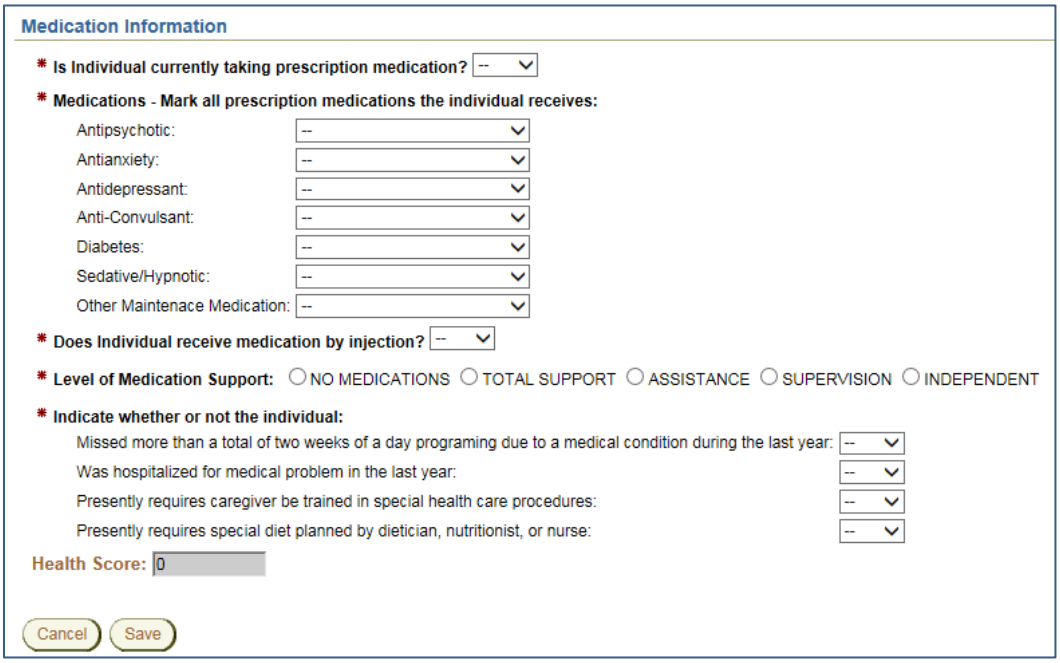
Continued on next page

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

Form Reference

Page 2 of the BASIS Assessment form, continued

Bottom portion of the page



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".

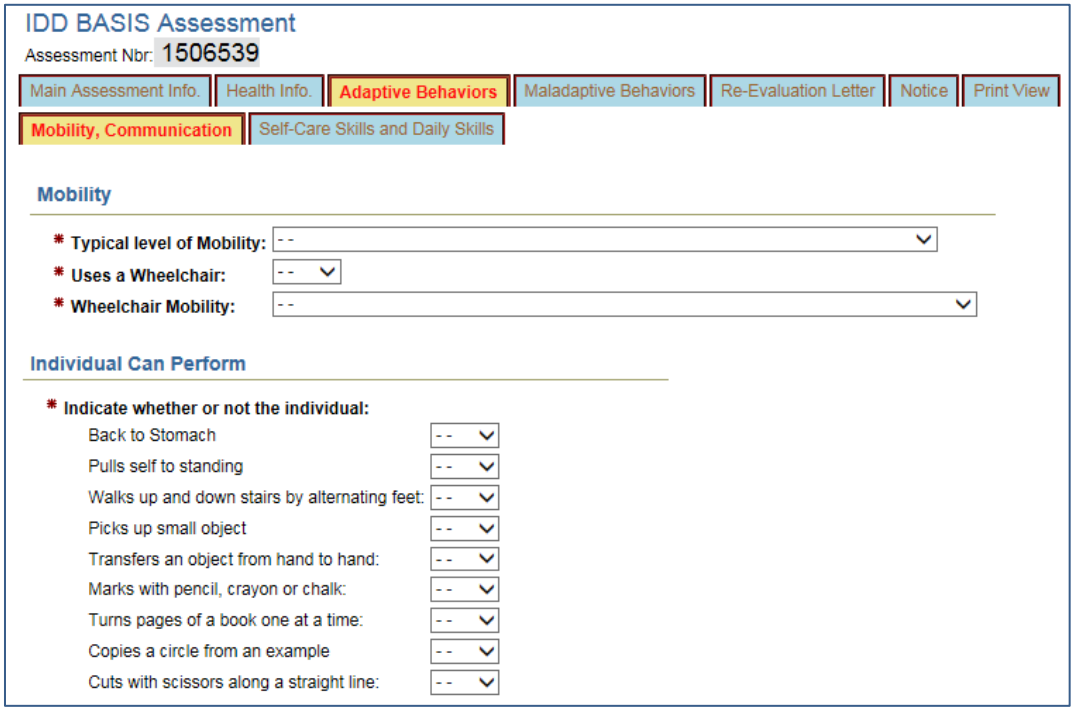
If any of the above fields are changed to "CURRENTLY TAKING" or "YES" a message at save will display indicating two or more responses do not correctly match, and the page cannot be saved as filled out.

Adaptive Behaviors Navigation Tab – Mobility, Communication

Form Reference

Page 3a of the BASIS Assessment form

Top portion of the page



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".

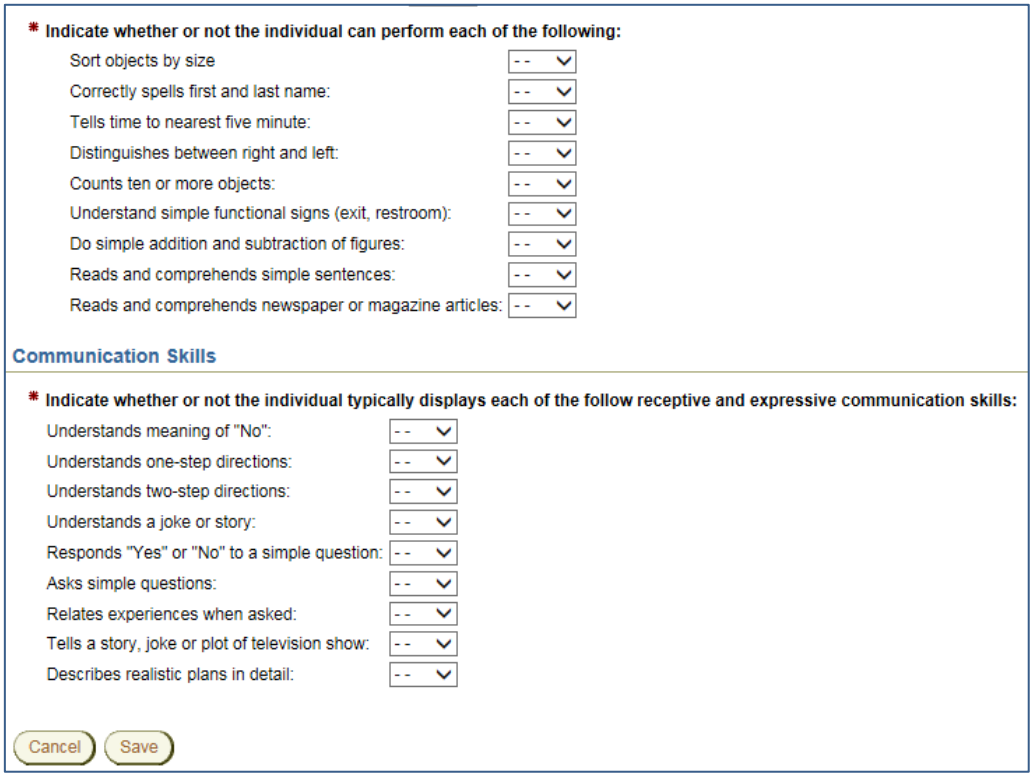
Continued on next page

Adaptive Behaviors Navigation Tab – Mobility, Communication, continued

Form Reference

Page 3a of the BASIS Assessment form, continued

Bottom portion of the page



Required Fields

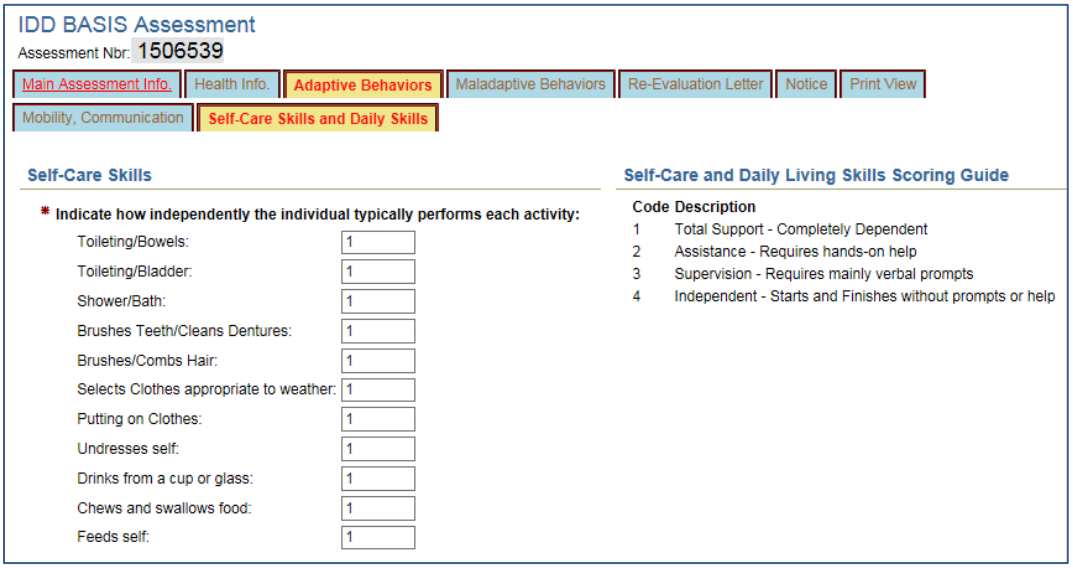
All fields displayed on this page are required in order to save the page.

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

Form Reference

Page 3b of the BASIS Assessment form

Top portion of the page



Required Fields

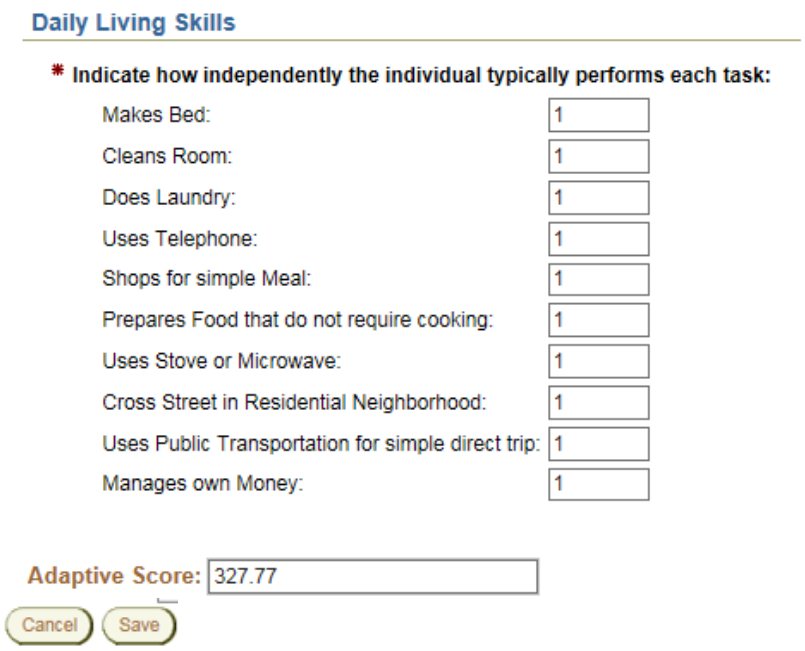
All fields displayed on this page are required in order to save the page.

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

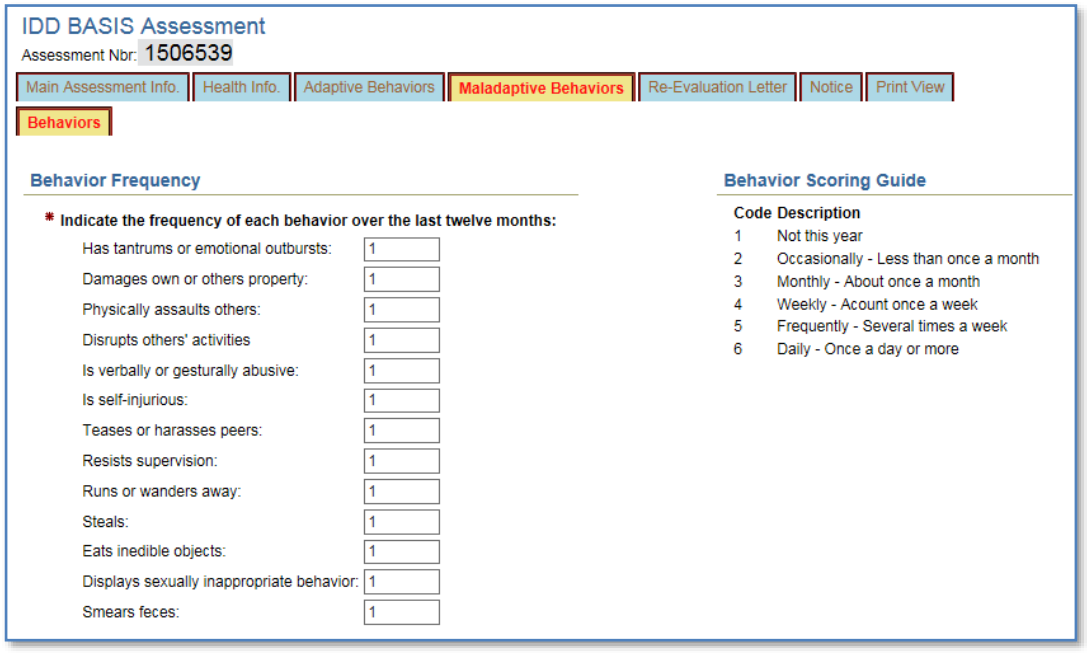
Form Reference	Page 3b of the BASIS Assessment form, continued
Bottom portion of the page	
Required Fields	All fields displayed on this page are required in order to save the page.
Hint	If a number other than 1, 2, 3, or 4 is entered, a warning box will display when tabbing or mouse-clicking out of the field.

Maladaptive Behaviors Navigation Tab – Behaviors

Form Reference

Page 4 of the BASIS Assessment form

Top portion of the page



Required Fields

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

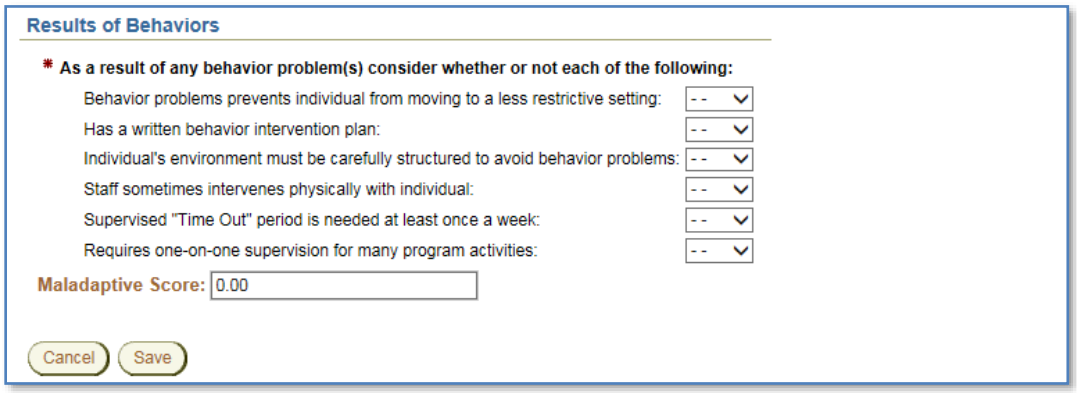
Continued on next page

Maladaptive Behaviors Navigation Tab – Behaviors, continued

Form Reference

Page 4 of the BASIS Assessment form, continued

Bottom portion of the page



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.

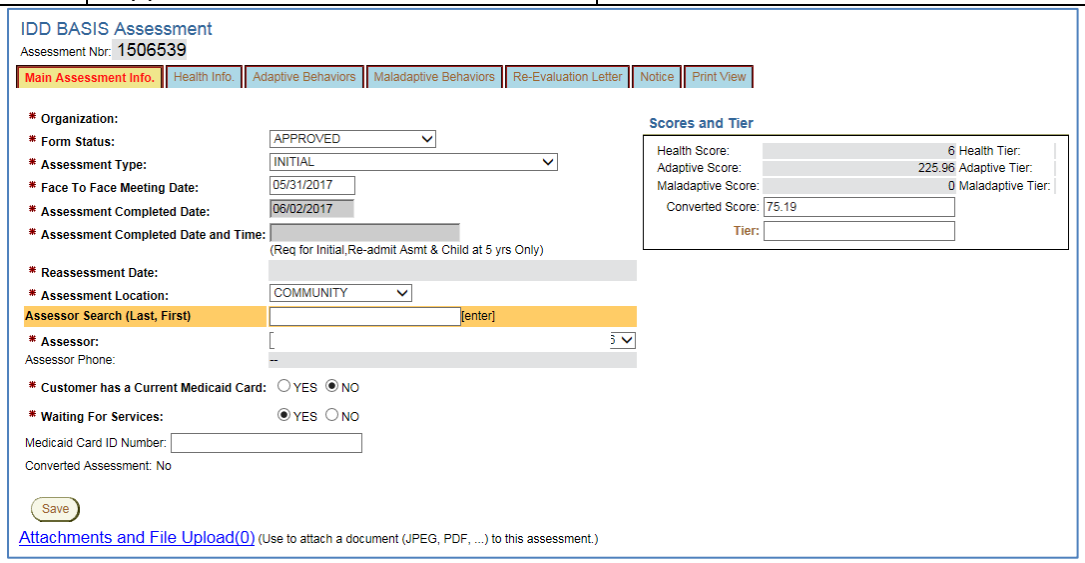
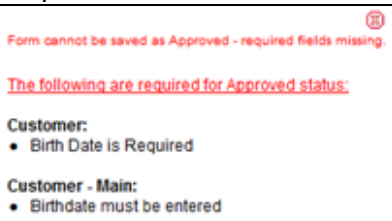
*If *Assessment Location* is not "State Institution", the POC/billing process runs using the appropriate funding code depending on whether the *Customer has a Current Medicaid Card* field response is "YES" (BASFED1) or "NO" (BASFED0).

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.

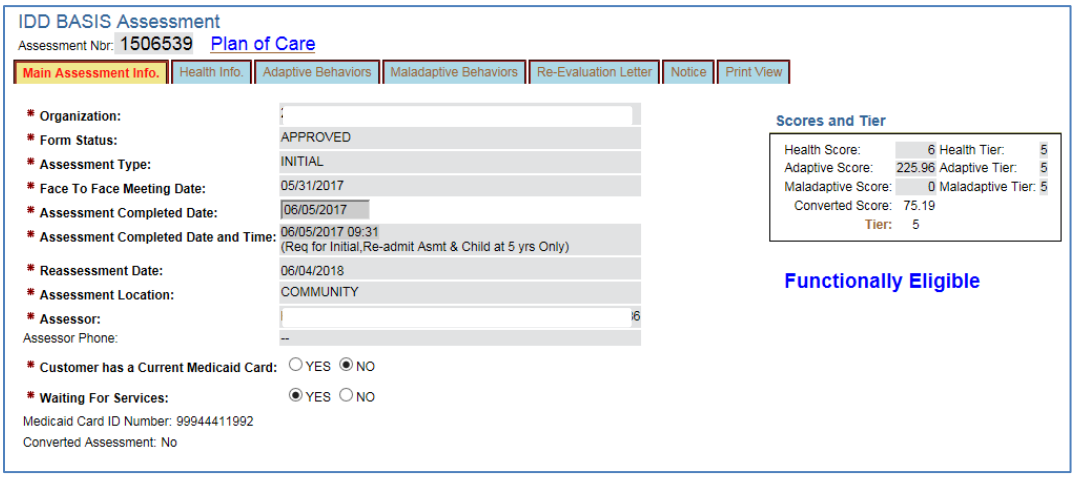
Step	Action	Result
1.	In the Form Status field, select "Approved".	
		
2.	Click on **Save**.	A double check of all validations, both in Person Administration and within each Assessment page, will be completed.
3.	If a required field has not been completed, errors will display on the page.	
4.	The error 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.

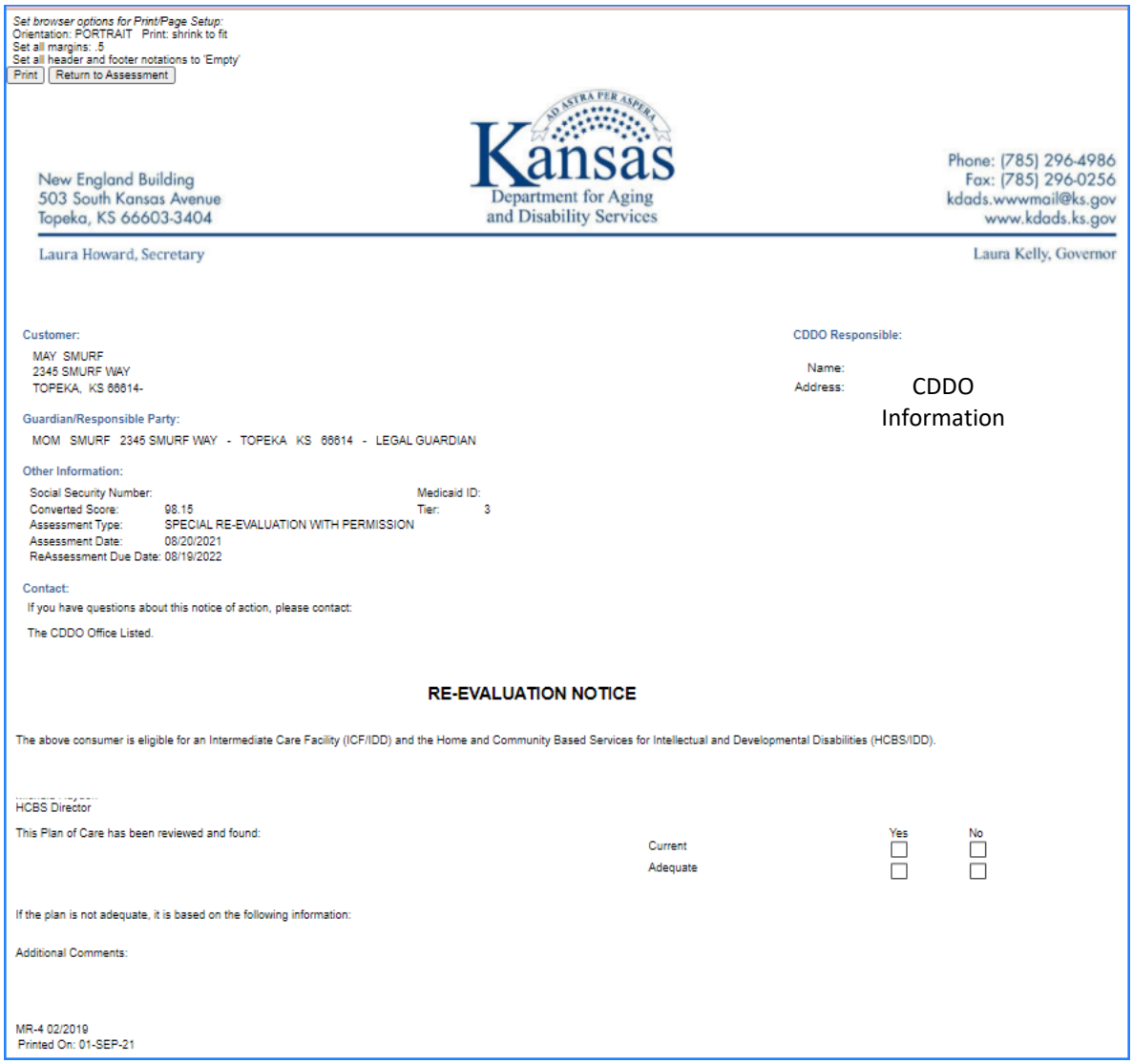


Re-Evaluation Letter Navigation Tab

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

Kansas
Department for Aging and Disability Services

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:

	Yes	No
Current	☐	☐
Adequate	☐	☐

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

Additional Comments:

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

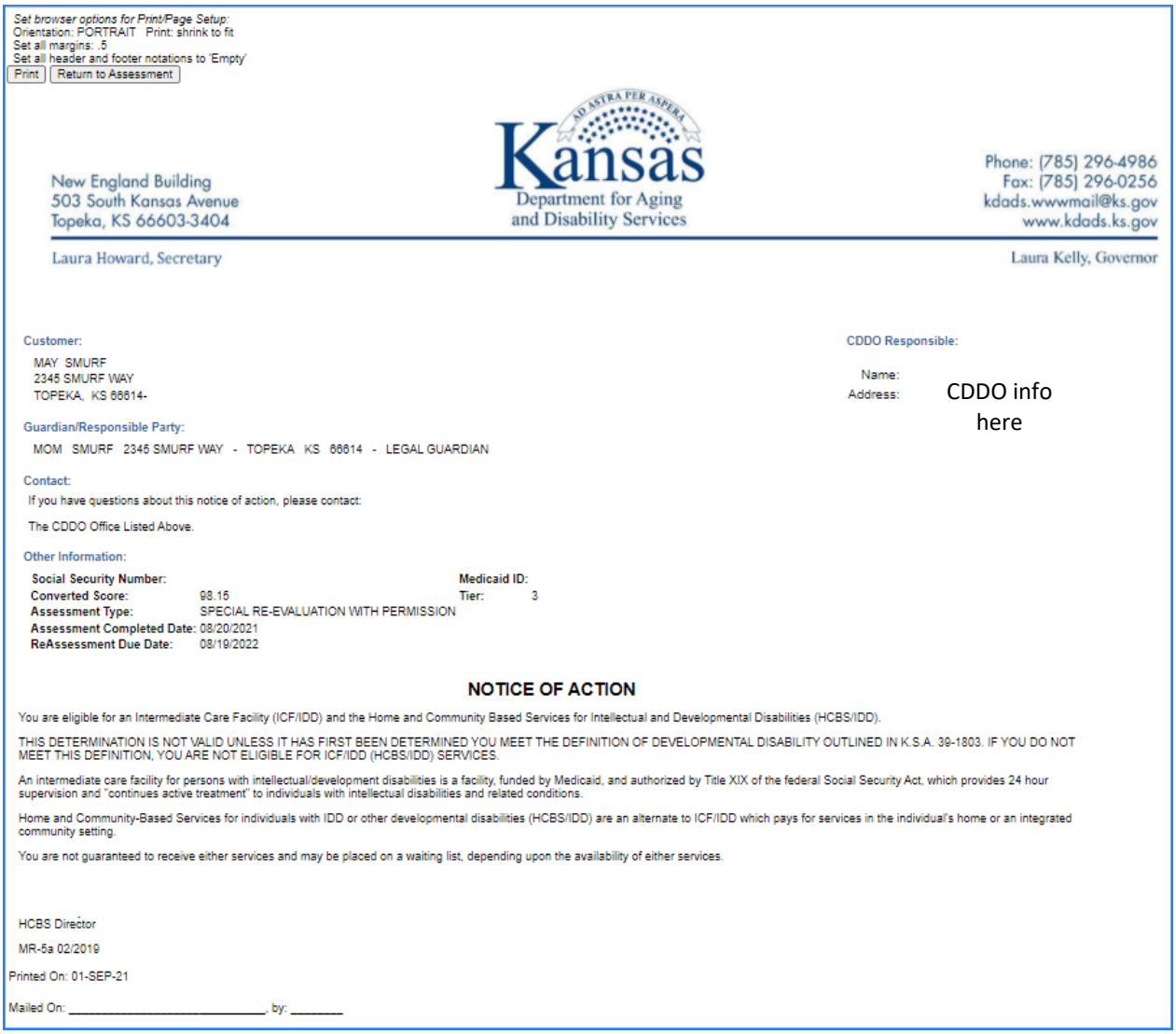
To exit out of the Re-Evaluation Notice and return to the BASIS Assessment, click on the **Return to Assessment** button (next to the Print button).

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'

Print | Return to Assessment

Kansas
Department for Aging and Disability Services

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 info here

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:		**Medicaid ID:**	
Converted Score:	98.15	**Tier:**	3
Assessment Type:	SPECIAL RE-EVALUATION WITH PERMISSION		
Assessment Completed Date:	08/20/2021		
ReAssessment Due Date:	08/19/2022		

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

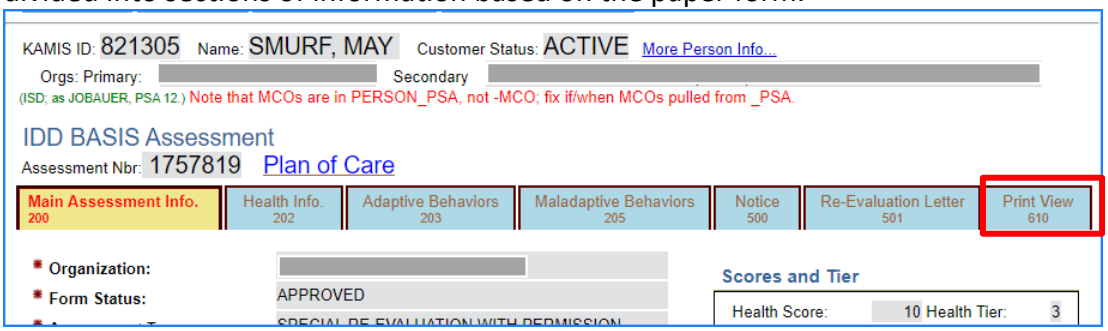
Mailed On: _____, by: _____

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.

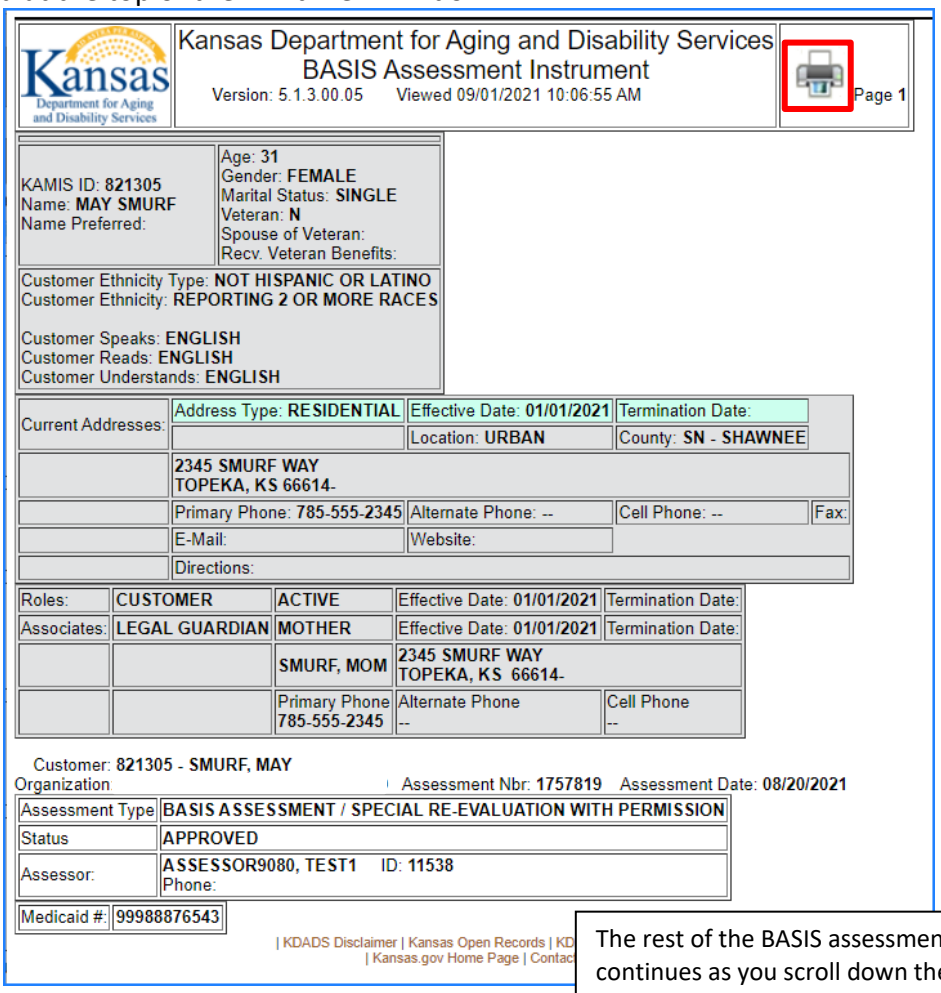


Print View Window

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.



The rest of the BASIS assessment continues as you scroll down the page.

To return to the BASIS assessment in KAMIS, simply close the Print View window by clicking on the ☒ in the right upper corner.