

# Chapter 14 – Uniform Assessment Instrument (UAI) Form Version 3

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**Important**

The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.

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

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# Person Administration Requirements

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## Introduction

Some KAMIS assessments require specific fields within Person Administration be completed before the assessment can be saved in Approved status. If these fields are blank, the assessment will return an error message when an attempt is made to save it as Approved, indicating the missing Person Administration fields.

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## Required Person Admin Fields for UAI Approved Form Status

Person Admin/Home:

***Date of Birth***

***SSN***

***Marital Status***

***Gender***

***Veteran***

***Spouse of Veteran***

***Receive Veteran Benefits***

***Ethnicity***

***Race***

***Speaks*** – Defaults to English

***Reads*** – Defaults to English

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

***A Residential Address Type with:***

***Street***

***City***

***County*** - If out of state - use County "ZZ"

***State*** - If out of country - use State "ZZ"

***Zip***

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## Page Navigation

**The Main navigational tab (page) must be saved before the rest of the form is accessible.** Once the Main page is successfully saved, the form will automatically advance to the next navigational tab/page, and all other pages can be accessed.

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# Customer Primary Navigation Tab

**Recommendation** Add or update all Person Admin information that is required to save the form in Approved status before creating the UAI form.

**Form Reference** The information on the Customer primary navigation tab corresponds to page 1 of the Uniform Assessment Instrument (UAI) form.

## Main Secondary Navigational Tab

The screenshot shows a web form titled "Assessment Nbr." with a navigation bar at the top containing tabs: 1 Customer (highlighted), 2 Functional Assessment, 3 Nutrition, 4 Service Plan, 5 Health Physical, 6 Health Prescribed, 7 Health Evaluation, 8 Environment, 9 Financial, 10 Support Service, 10 Release, and Print View. Below the navigation bar are sub-tabs: Main (highlighted) and Demographics. The form contains several fields: Form Status (WORK IN PROGRESS), AAA/CME (4 - JAYHAWK AREA AGENCY ON AGING), Assessor Search (Last, First) with an [enter] button, Assessor (dropdown menu), Assessor Phone (text field), and Assessment Date (text field). A "Disaster Red Flag" section includes checkboxes for Electric, Physical Impairment, Medication Assist, Cognitive/MH issues, No Informal Support, and None. A Save button is located at the bottom left.

**Form Status and AAA/CME** The form status is automatically set to Work in Progress and cannot be changed until the UAI's Customer/Main page has been saved for the first time. Once the form data entry is complete (the last page is saved), the assessment will automatically return to the Customer/Main navigational tab, and the Form Status can be changed as appropriate (usually to Approved.)

The AAA/CME field is automatically set to the logged in user's AAA organization, and cannot be changed.

## Selecting the Assessor

The **Assessor** select list does not display any names ...

This close-up screenshot shows the Assessor dropdown menu, which is currently set to "--". A red arrow points to the dropdown arrow, indicating that no names are displayed in the list. Other fields visible include Form Status (WORK IN PROGRESS), AAA/CME (4 - JAYHAWK AREA AGENCY ON AGING), Assessor Search (Last, First) with an [enter] button, Assessor Phone (text field), and Assessment Date (12/14/2015).

*Continued on next page*

## Customer Primary Navigation Tab, continued

### Selecting the Assessor (continued)

...until populated using the **Assessor Search (Last, First)** field:

\* Form Status

\* AAA/CME

**Assessor Search (Last, First)**  [enter]

\* Assessor

- HULIGAN, PEGGY - 10309 JAYHAWK AREA AGENCY ON AGING
- HULL, BEENA - 3702 MEDICALODGE EAST HEALTHCARE CN
- HULLST, NANCI - 823 LINWOOD GNNP (C1)
- HULSE, FIONA - 3674 BETHANY HOME ASSOCIATION

Follow the steps in the table below to populate the Assessor select list, and choose the desired Assessor.

Step	Action	Result
1.	Type the last name, or at least the first few characters of the last name, in the <b>Assessor Search (Last, First)</b> field.  Optional: Enter the full last name followed by a comma, a space, and the first name (full or partial)	The assessor name as typed appears in the search field.  Note: If entering the full last and first name in the search field, make sure it is spelled exactly as it was when the person record was created in KAMIS.
2.	Press <i>Enter</i> .	The <b>Assessor</b> select list populates with any KAMIS assessors that match the search field entry.
3.	If the <b>Assessor</b> select list populates with more than one name, click on the correct name.	The Assessor name is highlighted (selected.)

**Assessment Date** Enter the appropriate assessment date in MM/DD/YYYY format. The slashes will insert automatically, so just enter the numbers.

**Disaster Red Flag** Select at least one of the Disaster Red Flag items. If there are no red flags, select 'None.' Although this region is not required to continue with the rest of the form, it must be completed in order to save the UAI in Approved status.

**Create the Form** Once all the fields on the Customer/Main page are complete, click on the Save button to create/save the form. Once the Main page is saved successfully, the form automatically advances to the next page on the Customer primary navigation tab – Demographics.

## Customer Primary Navigation Tab, continued

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### Demographics Secondary Navigational Tab

Although no fields on the Demographics page are required to save the page, the first two questions are required when saving the completed UAI in Approved status.

On any page in the UAI, fields with the **Req** icon are required for Approval.

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 Unmet Needs

1 Customer 2 Functional Assessment 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribe

Main Demographics

**Req** Income below poverty level? ~Select~  
**Req** Does Customer live alone? ~Select~

Does the customer have difficulty:  
Communicating ~Select~  
Understanding Information ~Select~

Social Security # 333-15-1972  
Kamis ID 657684  
Medicaid Number 33315519720  
Medicare Number

Save

Changed by TESTUSER4 on 12/14/2015 14:34:12  
**Req** Indicates required for Approval

Complete all required fields and any optional fields as desired. Click on the *Save* button to advance to the next navigational tab/page.

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**Required Fields** *Income below poverty level?*  
*Does customer live alone?*

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**Note** The Social Security #, KAMIS ID, and Medicaid Number fields are populated from Person Administration. To change the displayed information in the UAI, update it in Person Administration.

The Medicare Number can be entered directly in the UAI.

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# Functional Assessment Primary Navigation Tab

**Form Reference** The information on the Functional primary navigation tab corresponds to page 2 of the UAI form.

## Cognition Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer 2 **Functional Assessment** 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service 10 Release Print View

Cognition ADL IADL Risks Medicaid/LTC

**Threshold Scoring Guide**  
 Code 0 - no impairment  
 Code 1 - impairment with the tested area  
 Code 9 - unable to test

**COGNITION**

	Cognition Code	Multiplier	X	Weight	=	Total
<b>Req</b> Orientation (day of the week, month, year, President)	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
<b>Req</b> 3-word recall (pen, car, watch)	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
<b>Req</b> Spelling backward (table)	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
<b>Req</b> Clock Draw (all #s, spacing of #s, hands at 11:10)	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
Total Cognition Score						<input type="text" value="0"/>

Changed by TESTUSER4 on 12/14/2015 14:34:12  
**Req** Indicates required for Approval

The *Total Cognition Score* is automatically calculated based on the individual Cognition Codes entered/scored.

**Required Fields** All fields on the *Cognition* page are required.

## ADL Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer 2 **Functional Assessment** 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service 10 Release Print View

Cognition **ADL** IADL Risks Medicaid/LTC

Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

Enter Customer's Self-Performance Level Long-Term Care Threshold Scoring

Activities of Daily Living	Code	Multiplier X	Weight =	Total
<b>Req</b> Bathing	<input type="text" value="0"/>	0	X 4 =	<input type="text" value="0"/>
<b>Req</b> Dressing	<input type="text" value="0"/>	0	X 3 =	<input type="text" value="0"/>
<b>Req</b> Toileting	<input type="text" value="0"/>	0	X 5 =	<input type="text" value="0"/>
<b>Req</b> Transferring	<input type="text" value="0"/>	0	X 5 =	<input type="text" value="0"/>
<b>Req</b> Walking/Mobility	<input type="text" value="0"/>	0	X 3 =	<input type="text" value="0"/>
<b>Req</b> Eating	<input type="text" value="0"/>	0	X 4 =	<input type="text" value="0"/>
Sum of ADL Scores =				<input type="text" value="0"/>

Changed by TESTUSER4 on 12/14/2015 14:34:12  
**Req** Indicates required for Approval

The *Sum of ADL Scores* is automatically calculated based on the individual ADL Codes entered/scored.

**Required Fields** All fields displayed on the *ADL* page are required.

*Continued on next page*

# Functional Assessment Primary Navigation Tab, continued

## IADL Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer 2 **Functional Assessment** 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service 10 Release Print View

Cognition ADL IADL Risks Medicaid/LTC

Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

Enter Customer's Self-Performance Level Long-Term Care Threshold Scoring

Instrumental Activities of Daily Living	Code	Multiplier X	Weight =	Total
<b>Reqd</b> Meal Preparation	0	0	X 5 =	0
<b>Reqd</b> Shopping	0	0	X 3 =	0
<b>Reqd</b> Money Management	0	0	X 4 =	0
<b>Reqd</b> Transportation	0	0	X 3 =	0
<b>Reqd</b> Use of Telephone	0	0	X 3 =	0
<b>Reqd</b> Laundry/Housekeeping	0	0	X 3 =	0
<b>Reqd</b> Management of Medications, Treatments	0	0	X 5 =	0

Sum of IADL Scores = 0

Save  
 Changed by TESTUSER4 on 12/14/2015 14:34:12  
**Reqd** indicates required for Approval

The *Sum of IADL Scores* is automatically calculated based on the individual IADL Codes entered/scored.

**Required Fields** All fields on the *IADL* page are required.

## Risks Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer 2 Functional Assessment 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service 10 Release Print View

Cognition ADL IADL Risks Medicaid/LTC

**RISKS: Current or Recent Problems (check all that apply)**

Falls (Last 1 month ) (Last 6 months total ) 1 X 3 = 0

**Reqd** Neglect  Abuse  and/or Exploitation  By Others  None  1 X 5 = 0

**Reqd** Informal Support - check appropriate choice

Yes - there is support   
 Inadequate   
 No - there is no support  1 X 4 = 0

Behavior - check appropriate choice(s) if any difficulty

Wandering   
 Socially Inappropriate/Disruptive   
 Decision Making/Judgment  1 X 5 = 0

Sum of Risks Scores

Sum of Cognition, ADL, IADL and Risks Scores

Save  
 Changed by TESTUSER4 on 12/14/2015 14:34:12  
**Reqd** indicates required for Approval

**Required Fields** The following areas must be completed in order to save the UAI in Approved status:  
**Neglect / Abuse / Exploitation**  
**Informal Support**

The scores are calculated based on the selections made.

*Continued on next page*

## Functional Assessment Primary Navigation Tab, continued

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**Medicaid / LTC  
Secondary  
Navigational  
Tab**

**Uniform Assessment Instrument - Version 3**

Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	<b>2 Functional Assessment</b>	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environ
Cognition	ADL	IADL	Risks	<b>Medicaid/LTC</b>			

**HCBS Questions**  
(available after May 1, 2006)

Was this person on HCBS-FE prior to 7/1/2000?

Is this an HCBS-PD transfer customer?

Comments:

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**Required Fields** There are no required fields on the *Medicaid/LTC* page.

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# Nutrition Primary Navigation Tab

**Form Reference** The information on the Nutrition primary navigation tab corresponds to page 3 of the UAI form.

## Risks Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 **Unmet Needs**

1 Customer 2 Functional Assessment 3 **Nutrition** 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service

Risks Eating Problems Eating Patterns

**[Req]** Ask the Customer the following questions

Question	Yes/No	Comments	Score
Do you eat daily?			
less than 2 meals?	~Select~		3
less than 2 servings of fruits and vegetables?	~Select~		1
less than 2 servings of dairy products (milk, cheese, yogurt, etc)?	~Select~		1
less than 6 glasses of liquids?	~Select~	# of glasses	0
3 or more alcoholic beverages?	~Select~		2
3 or more different prescriptions and/or over-the-counter drugs?	~Select~		1
Do you have dental problems that make it difficult to eat?	~Select~	Which?	2
Have your eating habits changed due to illness?	~Select~	What?	2
Are you physically unable to shop, cook, or feed yourself?	~Select~	Which?	2
Do you eat alone most of the time?	~Select~		1
Do you not have enough money to buy food?	~Select~		4
Have you gained/lost more than 10 pounds in 6 months?	~Select~		2
	Gained <input type="text" value="0"/> Lost <input type="text" value="0"/>		
Customer does not meet any of the nutrition risk screen indicators	~Select~		
Total Nutrition Risks Score			<input type="text" value="0"/>

Save

**Required Fields** *At least one item must have a 'Yes' response.* If none of the questions has a Yes response, select 'Yes' on the statement 'Customer does not meet any of the nutrition risk screen indicators.'

If any of the following questions have a 'Yes' response, a **Comment** is required:

- Do you have dental problems that make it difficult to eat?**
- Have your eating habits changed due to illness?**
- Are you physically unable to shop, cook, or feed yourself?**
- Have you gained/lost more than 10 pounds in 6 months?\***

\*If the response to the gained/lost question is 'Yes,' then a number must be entered in either the **Gained** or **Lost** text boxes. Upon saving the page, the Comments field will be auto-filled with the appropriate entry ('Gained x pounds' or 'Lost x pounds' with 'x' being the number entered.)

**Hint** To save time, answer only the questions that require a 'Yes' response. The questions that are not answered will default to 'No' in the database. However, the form will not show the 'No' response.

*Continued on next page*

## Nutrition Primary Navigation Tab, continued

### Eating Problems Secondary Navigational Tab

#### Uniform Assessment Instrument - Version 3

Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 F
Risks	Eating Problems	Eating Patterns						

Ask the Customer the following questions

Would you say that your appetite is :

**Req** Do any of the following cause you problems or affect your ability to eat? YES/NO

Swallowing	<input type="text" value="~Select~"/>
Taste	<input type="text" value="~Select~"/>
Nausea, Vomiting	<input type="text" value="~Select~"/>
Cutting up food	<input type="text" value="~Select~"/>
Opening Containers	<input type="text" value="~Select~"/>
Food allergies (specify)	<input type="text" value="~Select~"/> <input type="text"/>
No Concerns	<input type="text" value="~Select~"/>

### Required Fields

All responses to the question 'Do any of the following cause you problems or affect your ability to eat?' are required.

If the *Food allergies* response is 'Yes,' the type(s) of food allergies must be specified in the comment box.

Note: If there are no concerns, you can skip the individual listed concerns and just respond 'Yes' to *No Concerns*. All the other responses will automatically change to 'No.'

*Continued on next page*

# Nutrition Primary Navigation Tab, continued

**Eating Patterns**  
**Secondary**  
**Navigational**  
**Tab**

**Uniform Assessment Instrument - Version 3**  
 Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9
Risks	Eating Problems	Eating Patterns						

**Req** How often do you:

Ask the Customer the following questions	Rarely 1 x week	Sometimes 2 x week	Frequently 4-5 x week	Never
Skips meals and just snacks, "piece", through the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack the energy or desire to fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find you don't know what to fix or can't fix small portions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget to turn the stove off or burn food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack the desire to eat a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat restaurant or fast food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

if not, why?

Describe what you eat in a typical day:

Enter NUTRITION Related Comments:

**Required Fields** All questions in the '*How Often Do You:*' area must have a response.

If the response to '*Leave home?*' is **Never**, the '*If not, why?*' comment area is required.

# Service Plan Primary Navigation Tab

**Form Reference** The information on the Service Plan primary navigation tab corresponds to page 4 of the UAI form.

## Help Prepare Food Secondary Navigational Tab

The screenshot shows the 'Uniform Assessment Instrument - Version 3' interface. At the top, it displays 'Assessment Nbr: 1341470' and a link for 'Unmet Needs'. Below this is a navigation bar with nine tabs: '1 Customer', '2 Functional Assessment', '3 Nutrition', '4 Service Plan' (highlighted in yellow), '5 Health Physical', '6 Health Prescribed', '7 Health Evaluation', '8 Environment', and '9 Financial'. Underneath the navigation bar are three sub-tabs: 'Help Prepare Food' (highlighted in yellow), 'Modified Diet', and 'Homebound'. The main content area is titled 'Ask the Customer the following questions'. A required question is displayed: 'Does anyone help you prepare food or bring food to you?' with a dropdown menu set to '-Select-'. Below the question, it says 'If yes, answer the following' and provides three columns of input fields labeled 'Who?', 'What?', and 'When?'. There are ten rows of these input fields. A 'Save' button is located at the bottom left of the form area.

**Required Fields** If the response to the question 'Does anyone help you prepare food or bring food to you?' is 'Yes,' then at least one entry must be made in each of the following fields:

- Who?**
- What?**
- When?**

*Continued on next page*

# Service Plan Primary Navigation Tab, Continued

## Modified Diet Secondary Navigational Tab

Uniform Assessment Instrument - Version 3

Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 F
Help Prepare Food	Modified Diet	Homebound						

Ask the Customer the following questions

Are you following any modified diet(s)?  Are any of the diets doctor prescribed?

Check each modified diet followed:	Check if doctor prescribed	and indicate the name of the doctor
Low sodium (salt) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Low sugar <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Low fat/cholesterol <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Renal <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Calorie controlled <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Nutrition supplements <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 small meals daily <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vegetarian <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pureed <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ethnic/Religious <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

### Required Fields

If completed:

#### ***Are you following any modified diet(s)?***

If the response is 'Yes,' then at least one modified diet box must be checked.

#### ***Are any of the modified diets doctor prescribed?***

If the response is 'Yes,' then at least one doctor prescribed box must be checked.

For each 'doctor prescribed' box checked, the prescribing doctor's name must be entered.

*Continued on next page*

## Service Plan Primary Navigation Tab, continued

### Homebound Secondary Navigational Tab

### Uniform Assessment Instrument - Version 3

Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	<b>4 Service Plan</b>	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 En
Help Prepare Food	Modified Diet	<b>Homebound</b>					

**Ask the Customer the following questions**

**Is the Customer homebound?**

**Req** Physically

**Req** Socially

**Req** Isolated

**Participant Status**

- 60+ ELIGIBLE PERSON
- SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON
- DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60 ELIGIBLE PERSON
- 60+ NON-SPOUSE CARETAKER (IIB HOME-DELIVERED MEALS ONLY)
- NOT APPLICABLE

Changed by TESTUSER4 on 12/14/2015 16:57:30

**Req** Indicates required for Approval

**Required Fields** All fields displayed on this page are required.

**Note** **Participant Status:** This area lists all available statuses; some may not be applicable in the context of the UAI.

*Continued on next page*

# Health Physical Primary Navigation Tab

**Form Reference** The information on the Physical Health primary navigation tab corresponds to page 5 of the UAI form.

**Title Secondary Navigational Tab**

**Required Fields** All fields on this page are required.

**Cardiovascular Secondary Navigational Tab**

**Required Fields** At least one box must be checked in each region.

*Continued on next page*

# Health Health Physical Primary Navigation Tab, continued

## Genitourinary Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service
Title	Cardiovascular	Genitourinary	Musculoskeletal	Respiratory	Other Concerns				

<b>Req</b> <b>GENTOURINARY</b>	<b>Req</b> <b>HEARING</b>	<b>Req</b> <b>INFECTIOUS DISEASE</b>
Dialysis <input type="checkbox"/>	Deaf <input type="checkbox"/>	Airborne <input type="checkbox"/>
Difficulty/frequent urination <input type="checkbox"/>	Decreased acuity <input type="checkbox"/>	Hepatitis <input type="checkbox"/>
Dribbling and/or incontinence <input type="checkbox"/>	Earaches <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>
Frequent bladder infections <input type="checkbox"/>	Hearing Aid <input type="checkbox"/>	Other <input type="checkbox"/>
Nighttime urination/Nocturia <input type="checkbox"/>	Other <input type="checkbox"/>	No problem <input type="checkbox"/>
Other <input type="checkbox"/>	No problem <input type="checkbox"/>	
No problem <input type="checkbox"/>		

[Save](#)

**Required Fields** At least one box must be checked in each region.

## Musculoskeletal Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service	10 Release	Print View
Title	Cardiovascular	Genitourinary	Musculoskeletal	Respiratory	Other Concerns						

<b>Req</b> <b>Musculoskeletal</b>	<b>Req</b> <b>Neurological</b>	<b>Req</b> <b>Reproductive System</b>
Amputation of: <input type="text"/>	Alzheimer's disease <input type="checkbox"/>	Enlarged prostate <input type="checkbox"/>
Arthritis - (rheumatoid or osteo) <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Lumps - breast/node (male/female) <input type="checkbox"/>
Back pain <input type="checkbox"/>	CVA/Stroke <input type="checkbox"/>	Masectomy of: <input type="text"/>
Contractures <input type="checkbox"/>	Dementia <input type="checkbox"/>	Nipple discharge (male/female) <input type="checkbox"/>
Fracture Of: <input type="text"/>	Dizziness <input type="checkbox"/>	Prostate cancer <input type="checkbox"/>
Joint replacement of: <input type="text"/>	Paralysis of: <input type="text"/>	Vaginal discharge <input type="checkbox"/>
Osteoporosis <input type="checkbox"/>	Parkinson's disease <input type="checkbox"/>	Other <input type="checkbox"/>
Polio/Post polio <input type="checkbox"/>	Seizures/Epilepsy <input type="checkbox"/>	No problem <input type="checkbox"/>
Other <input type="checkbox"/>	Speech problem <input type="checkbox"/>	
No problem <input type="checkbox"/>	Transient ischemic attack <input type="checkbox"/>	
	Traumatic brain injury <input type="checkbox"/>	
	Other <input type="checkbox"/>	
	No problem <input type="checkbox"/>	

[Save](#)

**Required Fields** At least one box must be checked in each region. Completing one of the text boxes indicates the item is 'checked.'

*Continued on next page*



# Health Physical Primary Navigation Tab, continued

## Respiratory Secondary Navigational Tab

**Uniform Assessment Instrument - Version 3**  
 Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service	10
Title	Cardiovascular	Genitourinary	Musculoskeletal	Respiratory	Other Concerns					

<p><b>Req RESPIRATORY</b></p> <p>Asthma <input type="checkbox"/></p> <p>COPD <input type="checkbox"/></p> <p>Cough (dry/productive) <input type="checkbox"/></p> <p>Difficulty breathing at any time <input type="checkbox"/></p> <p>Emphysema <input type="checkbox"/></p> <p>Oxygen <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>No problem <input type="checkbox"/></p>	<p><b>Req SKIN</b></p> <p>Pressure/other ulcer <input type="checkbox"/></p> <p>Rashes <input type="checkbox"/></p> <p>Shingles <input type="checkbox"/></p> <p>Stasis dermatitis <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>No problem <input type="checkbox"/></p>	<p><b>Req VISION</b></p> <p>Blind <input type="checkbox"/></p> <p>Blurred vision <input type="checkbox"/></p> <p>Cataracts <input type="checkbox"/></p> <p>Corrective lenses <input type="checkbox"/></p> <p>Glaucoma <input type="checkbox"/></p> <p>Macular degeneration <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>No problem <input type="checkbox"/></p>
---	--	--

Save

**Required Fields** At least one box must be checked in each region.

## Other Concerns Secondary Navigational Tab

**Uniform Assessment Instrument - Version 3**  
 Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 En
Title	Cardiovascular	Genitourinary	Musculoskeletal	Respiratory	Other Concerns		

**Req OTHER**

Alcohol use <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Alcoholism <input type="checkbox"/>	Mental Retardation <input type="checkbox"/>
Allergies <input type="checkbox"/>	Tobacco use <input type="checkbox"/>
Anemia <input type="checkbox"/>	Obesity <input type="checkbox"/>
Autism <input type="checkbox"/>	Significant weight loss/gain <input type="checkbox"/>
Cancer <input type="checkbox"/>	Other <input type="checkbox"/>
Developmental disability <input type="checkbox"/>	No problem <input type="checkbox"/>
Drug use or Abuse <input type="checkbox"/>	

Comments

Save

**Required Fields** At least one box must be checked.

# Health Prescribed Primary Navigation Tab

**Form Reference** The information on the Health Prescribed primary navigation tab corresponds to page 6 of the UAI form.

**Medications Secondary Navigational Tab**

**Required Fields** *Number of Medications*

If a medication is added, all fields in the **Add Medication** table are required.

**How to Add Medications**

Follow the steps in the table below to add a medication.

Step	Action	Results
1.	Click on the <b>Add Medication</b> button.	Table is created.

*Continued on next page*

# Health Prescribed Primary Navigation Tab, Continued

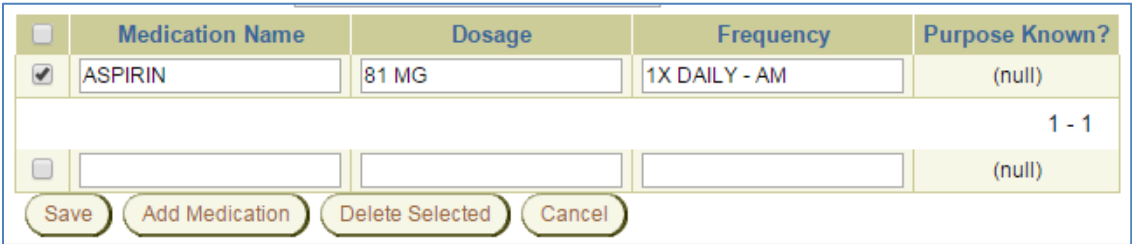

## How to Add Medications

*continued*

Step	Action	Results
2.	Type in Medication name; press the <b>Tab</b> key	Advances to next field
3.	Type in Dosage; press the <b>Tab</b> key	Advances to next field
4.	Type in Frequency; press the <b>Tab</b> key	Advances to next field
5.	Click on <b>Save</b> .	Entry is saved in Medications table.
6.	To add another medication, click on the Add Medication button again and repeat the previous steps.	

## How to Delete Medications

Follow the steps in the table below to delete a medication. This can only be done while the assessment is in Work in Progress status.

Step	Action	Results
1.	Click on the check box at the beginning of the medication row to be deleted.	Selects the row to be deleted.
		
2.	Click on the <b>Delete Selected</b> button.	Confirmation notice is displayed.
		
3.	Click on <b>OK</b> .	Delete confirmation displays.

*Continued on next page*

## Health Prescribed Primary Navigation Tab, continued

### Medication Reminders Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environn
Medications	Medication Reminders	Drug Sensitivities	Medical/Legal	Special Equipment			

How does the customer remember to take medications? (check all that apply)

Calendar

Person reminds/gives

Egg carton/envelope

Pill box or dispenser

Follow label directions

Other:

Other:

If set-up, reminded, or given by another, by whom? How often?

Save

**Required Fields** No fields displayed on this page are required.

**Note:** If the IADL of Management of Medications, Treatments (on the Functional Assessment/IADL tab) is scored 2 or above, then the **“If set up, reminded, or given by another, by whom? How often?”** field is required to have at least 10 characters entered.

### Drug Sensitivities Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Finan
Medications	Medication Reminders	Drug Sensitivities	Medical/Legal	Special Equipment				

Does the customer have any drug sensitivities?

If yes, what:

Assessor: Do you have any concerns regarding the use of medication or drugs by the customer?

If yes, what concerns:

Save

**Required Fields** There are no required fields on this page.

# Health Prescribed Primary Navigation Tab, continued

## Medical/Legal Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service
------------	-------------------------	-------------	----------------	-------------------	---------------------	---------------------	---------------	-------------	--------------------

Medications	Medication Reminders	Drug Sensitivities	Medical/Legal	Special Equipment
-------------	----------------------	--------------------	---------------	-------------------

Ask the customer the following questions:

**Do you have:**

**Req** A "Durable Power Of Attorney" for Health Care Decisions? ~Select~ Who?

A "Living Will"?  Where?

"Do Not Resuscitate" orders?  Where?

Do you see a doctor regularly?  How often?

**Have you been:**

Hospitalized or to the emergency room in the last 3 months?  How many times?

Admitted to a nursing home within the last 12 months?  How many times?

Comments:

### Required Fields

#### Do you have A Durable Power of Attorney for Health Care Decisions?

If the above question has a 'Yes' response, the corresponding text field must be completed.

If any other 'Do you have:' questions are checked, the corresponding text field must be completed.

## Special Equipment Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service	10 Release
------------	-------------------------	-------------	----------------	-------------------	---------------------	---------------------	---------------	-------------	--------------------	------------

Medications	Medication Reminders	Drug Sensitivities	Medical/Legal	Special Equipment
-------------	----------------------	--------------------	---------------	-------------------

**SPECIAL EQUIPMENT/ASSISTIVE DEVICES**

	Uses	Needs		Uses	Needs
Adaptive eating equipment	<input type="checkbox"/>	<input type="checkbox"/>	Medical phone alert	<input type="checkbox"/>	<input type="checkbox"/>
Bathing equipment	<input type="checkbox"/>	<input type="checkbox"/>	Ramp (example - wheelchair)	<input type="checkbox"/>	<input type="checkbox"/>
Brace (leg, back), prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	Supplies (example - incontinence pads)	<input type="checkbox"/>	<input type="checkbox"/>
Cane, crutches	<input type="checkbox"/>	<input type="checkbox"/>	Toilet equipment	<input type="checkbox"/>	<input type="checkbox"/>
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	Transfer equipment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic supplies	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>
Glasses, contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair (manual, electric)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Hospital bed	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

### Required Fields

There are no required fields on this page. However, if 'Uses' or 'Needs' is checked for **Other**, then a comment is required.

# Health Evaluation Primary Navigation Tab

**Form Reference** The information on the Health Evaluation primary navigation tab corresponds to page 7 of the UAI form.

**Feelings  
Secondary  
Navigational  
Tab**

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service	10 Release	Print View	
Feelings	Caregiver	Medical										

	All the time (4pts)	Most of the time (3pts)	Some of the time (2pts)	A little of the time (1 pt)	None of the time (0 pt)	Don't know (0 pt)	Refused (0 pt)
In the last 4 weeks, about how often did you feel ...							
... so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Feelings Score</b>	0 <input style="width: 40px;" type="text"/>						
In the past 4 weeks, how many times have you seen a doctor or other health professional about these feelings? <input type="radio"/> No visits reported <input type="radio"/> Don't know <input type="radio"/> Refused							
	Number of visits <input style="width: 60px;" type="text"/>						
Comments	<div style="border: 1px solid gray; height: 20px;"></div>						
<input type="button" value="Save"/>							

If completed, the last question should have a response of *either* the 'Number of visits' entered, *or* one of the radio buttons selected.

**Required Fields** There are no required fields on this page.

*Continued on next page*

## Health Evaluation Primary Navigation Tab, continued

### Caregiver Secondary Navigational Tab

### Uniform Assessment Instrument - Version 3

Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Finan
Feelings	Caregiver	Medical						

**Ask the customer:**  
Have there been any major changes, or disruptions in your life that you would like to talk about? ~Select~ ▾

If yes, what:

**Do any items checked on this page adversely effect:**

Customer

Caregiver

Other

No Concerns

If yes, explain:

**Req** Does the customer have a primary caregiver? ~Select~ ▾

If yes, caregiver's name:

Is the primary caregiver overwhelmed in providing care? ~Select~ ▾

If yes, explain:

### Required Fields ***Does the customer have a primary caregiver?***

If 'Yes,' then Caregiver's name must be entered

If '***Is the primary caregiver overwhelmed in providing care?***' response is 'Yes,' then an explanation must be provided.

*Continued on next page*

# Health Evaluation Primary Navigation Tab, continued

**Medical  
Secondary  
Navigational  
Tab**

**Uniform Assessment Instrument - Version 3**  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service
Feelings	Caregiver	Medical							

**MEDICAL PERSONNEL**

	NAME	PHONE
Doctor:	<input type="text"/>	<input type="text"/>
Pharmacy:	<input type="text"/>	<input type="text"/>
Home Health:	<input type="text"/>	<input type="text"/>
Hospital:	<input type="text"/>	<input type="text"/>

**ASSESSOR RECOMMENDATION**  
Are you making or recommending any referrals to (check all that apply)

Mental Health Services

Adult Protective Services

Community Development Disability Org.

Medical/Home Health

Other

Other

Other

Comments

**Required Fields** There are no required fields on this page.



# Environment Primary Navigation Tab

**Form Reference** The information on the Environment primary navigation tab corresponds to page 8 of the UAI form.

## Residence Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial	10 Support Service	10 Re
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	Delivery				

**Req** Place of Residence:

- APARTMENT, CONDOMINIUM 341
- ASSISTED LIVING 342
- BOARDING CARE HOME 343
- DUPLEX 344
- HOME PLUS 345
- HOMELESS 346
- HOUSE, TOWNHOUSE 347
- MOBILE HOME 348
- NURSING HOME 349
- RESIDENTIAL HEALTH CARE 350
- OTHER 351

Comments

**Req** Residence Is:

- GOVERNMENT SUBSIDIZED 405
- ON RESERVATION 406
- OWNED, WITH PAYMENT 407
- OWNED NO PAYMENT 408
- RENTED 409
- RENT FREE FROM 410
- OTHER 411

Comments

Changed by TESTUSER4 on 12/15/2015 11:54:47

**Req** Indicates required for Approval

**Required Fields** *Place of Residence* – choose one  
*Residence Is* – choose one

*Continued on next page*

## Environment Primary Navigation Tab, continued

### Home Appliance Secondary Navigational Tab

### Uniform Assessment Instrument - Version 3

Assessment Nbr: **1341470** [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	<b>8 Environment</b>	9 Financial
Residence	<b>Home Appliance</b>	Safety and Comfort	Home Access	Physical Safety	Recommendations	Delivery		

**Does the customer's home have:**      **Appliance Status:**

Air Conditioning, fan	<input type="text" value="Working"/>
Electricity	<input type="text" value="Working"/>
Flush Toilet	<input type="text" value="Working"/>
Gas, Propane	<input type="text" value="Working"/>
Heating System	<input type="text" value="Working"/>
Microwave	<input type="text" value="Working"/>
Piped Water, Hot/Cold	<input type="text" value="Working"/>
Radio, Television	<input type="text" value="Working"/>
Refrigerator, freezer	<input type="text" value="Working"/>
Smoke Detector	<input type="text" value="Working"/>
Stove, Hotplate, Oven	<input type="text" value="Working"/>
Telephone	<input type="text" value="Working"/>
Tub, Shower	<input type="text" value="Working"/>
Washer	<input type="text" value="Working"/>
Dryer	<input type="text" value="Working"/>
Comments	<input type="text"/>

### Required Fields

There are no required fields on this page. By default, all Appliance Status selections are set to 'Working.'

Change the status to 'Not Working' or 'Does Not Have' as appropriate.

*Continued on next page*

## Environment Primary Navigation Tab, continued

### Safety and Comfort Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations			

Customer: Do you feel safe

Inside your home?

Outside your home?

Is there anything inside or outside your home that your are worried or uncomfortable about?

Explain if the customer does not feel safe or if they have additional concerns

**Required Fields** There are no required fields on this page.

### Home Access Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 P
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	De		

Does the customer have any difficulty getting into their home or any room in their home (check all that apply)?

Basement

Bathing Facility, Bathtub

Bedroom

Entrances

Garage

Kitchen

Laundry Area

Living, Family Room

Porch

Toilet Facility

No Difficulty

Comments

**Required Fields** There are no required fields on this page.

*Continued on next page*

## Environment Primary Navigation Tab, continued

### Physical Safety Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	D		

Does the home have health or physical safety issues (check all that apply)?

- Animals, Pets
- Dirt, Garbage
- Furnishings, Rugs
- House, Basement
- Pests
- Poor lighting
- Stairs
- Yard, Storage buildings
- Other
- No Problems

Comments

**Required Fields** There are no required fields on this page.

### Recommendations Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	D		

Bathroom Modification

Accessibility Modification

Weatherization

Other

Other

No Recommendations

Referrals

Recommended changes to the customer's environment and/or situation (check all that apply):

**Required Fields** There are no required fields on this page.

*Continued on next page*

## Environment Primary Navigation Tab, continued

---

**Delivery**  
**Secondary**  
**Navigational**  
**Tab**

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial
Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	Delivery		

Are there special considerations for service delivery such as smoking, pets, or "go to the back door"?  
Explain

---

**Required Fields** There are no required fields on this page.

---

# Financial Primary Navigation Tab

**Form Reference** The information on the Financial primary navigation tab corresponds to page 9 of the UAI form.

## Income Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
 Assessment Nbr: 1341470 [Unmet Needs](#)

**Req** Family Size  (Family will include customer, spouse and minor children living together)

Has the customer refused to provide income information?

Type of Income	MONTHLY GROSS INCOME				Comments (note benefit numbers)
	Customer	Spouse	Minor Child	Total	
SSA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
SSD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
SSI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Retirement Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Veteran Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Gross Employment Earnings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Income From Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Net Farm Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Interest, Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Coop Dividends, Royalties, ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Regular Support From Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Cash From SRS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
<b>Monthly Total Income</b> (Remember to check poverty level on page 1)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

Changed by TESTUSER4 on 12/15/2015 11:54:47

**Req** Indicates required for Approval

**Required Fields** *Family Size*  
*Has the customer refused to provide income information?* (The default is 'No')  
*Income* must be entered if the response remains 'No'

*Continued on next page*

# Financial Primary Navigation Tab, Continued

## Copay Secondary Navigational Tab

**Required Fields** There are no required fields on this page.

**SCA Percentage** The SCA Percentage will automatically populate to reflect the correct amount after the SCA Assets page is completed, the 'Calculate SCA %' button is pressed, and the page saved.

## Legal Secondary Navigational Tab

**Required Fields** There are no required fields on this page.

**Add Associate** Use the 'Add Associate' button to launch the *Person Admin/Associates and Affiliations* page to add an associate (such as a Durable Power of Attorney) to this customer record. Upon completion of the Associate record, a Return button will redirect you back to the Financial/Legal page of the UAI.

For instructions on adding an Associate, refer to the Person Administration chapter of the KAMIS User Manual.

*Continued on next page*

## Financial Primary Navigation Tab, continued

### SCA Assets Secondary Navigational Tab

**Uniform Assessment Instrument - Version 3**  
 Assessment Nbr: **1341470** **Unmet Needs**

1 Customer	2 Functional Assessment	3 Nutrition	4 Service Plan	5 Health Physical	6 Health Prescribed	7 Health Evaluation	8 Environment	9 Financial
Income	Copay	Legal	SCA Assets					

**[Req]** Do you have liquid assets such as Cash (deposited or not), Certificates of Deposit (CD), Stocks or Bonds in excess of the following (If unsure complete item below)? No

Identify the approximate value for each of the following described assets.

Checking/Cash On Hand	<input type="text" value="0"/>
Savings	<input type="text" value="0"/>
Bonds	<input type="text" value="0"/>
Certificates of Deposit (CD)	<input type="text" value="0"/>
Individual Retirement Account (IRA)	<input type="text" value="0"/>
Life Insurance (Case Value)	<input type="text" value="0"/>
Money Market	<input type="text" value="0"/>
Mutual Funds	<input type="text" value="0"/>
Savings Bonds	<input type="text" value="0"/>
Stocks (Fill out table below)	<input type="text" value="0"/>
<b>TOTAL GROSS LIQUID ASSETS</b>	<input type="text" value="0"/>
<b>TOTAL % OF CUSTOMER RESPONSIBILITY</b>	<input type="text" value="0"/>

Changed by TESTUSER4 on 12/15/2015 14:21:27

**[Req]** Indicates required for Approval

### Required Fields

***Do you have items such as Cash (deposited or not), CD's, Stocks or Bonds in excess of the assets limitation based on family size?***

If response is 'Yes' then at least one asset from the list must be entered.

The **Calculate SCA %** button must be selected to calculate the SCA Customer Responsibility percentage. Calculating the SCA% here updates the SCA% on the **Financial/Copay** page.

### Note

When saving the *SCA Assets* page, a notice summarizing the customer's financial information will display. Click on OK and the form will advance to the *Support Service* tab/page.

Assessment Date = 12/14/2015  
 Family Size = 2  
 Income = \$2,014.00  
 Assets = \$10,000.00  
 SCA% = 60%

The format of the notice display box may look slightly different depending on the browser in use.

*Continued on next page*



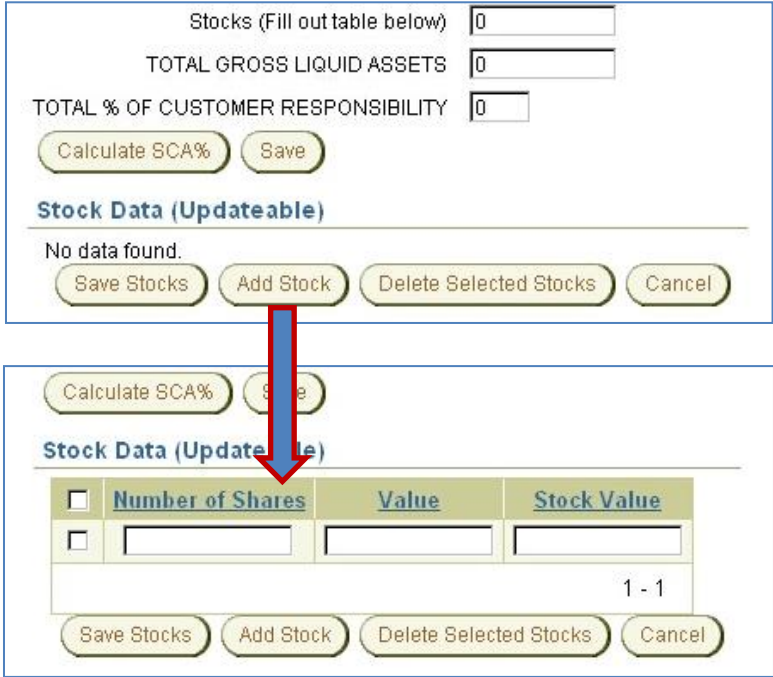
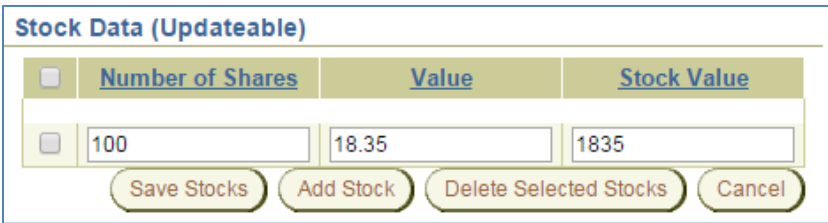
## Financial Primary Navigation Tab, continued

### Entering Stock Information

When entering the number of shares of stock that is owned, a table is created in the 'Stock Data' region of the SCA Assets page. The total value of all the stock information entered will automatically update the *Stocks* field in the assets listing.

### How to Add

Under the Stock Data region follow the steps in the table below to add share information.


Step	Action	Results								
1.	Click on the <b>Add Stock</b> button.	A table row is created to enter the appropriate information.								
 <p>The screenshot shows the 'Stocks (Fill out table below)' section with three input fields: 'Stocks (Fill out table below)' containing '0', 'TOTAL GROSS LIQUID ASSETS' containing '0', and 'TOTAL % OF CUSTOMER RESPONSIBILITY' containing '0'. Below these are 'Calculate SCA%' and 'Save' buttons. The 'Stock Data (Updateable)' section shows 'No data found.' with 'Save Stocks', 'Add Stock', 'Delete Selected Stocks', and 'Cancel' buttons. A red arrow points from the 'Add Stock' button in the second screenshot to the 'Add Stock' button in the first screenshot.</p>										
2.	Type in the <b>Number of Shares</b> owned and press the Tab key	Advances to the next field								
3.	Type in the dollar value per share in the <b>Value</b> field and press the Tab key	The <b>Stock Value</b> is calculated and displays								
 <p>The screenshot shows the 'Stock Data (Updateable)' section with a table containing one row of data:</p> <table border="1"> <thead> <tr> <th><input type="checkbox"/></th> <th>Number of Shares</th> <th>Value</th> <th>Stock Value</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>100</td> <td>18.35</td> <td>1835</td> </tr> </tbody> </table> <p>Below the table are 'Save Stocks', 'Add Stock', 'Delete Selected Stocks', and 'Cancel' buttons.</p>			<input type="checkbox"/>	Number of Shares	Value	Stock Value	<input type="checkbox"/>	100	18.35	1835
<input type="checkbox"/>	Number of Shares	Value	Stock Value							
<input type="checkbox"/>	100	18.35	1835							

*Continued on next page*

# Financial Primary Navigation Tab, continued

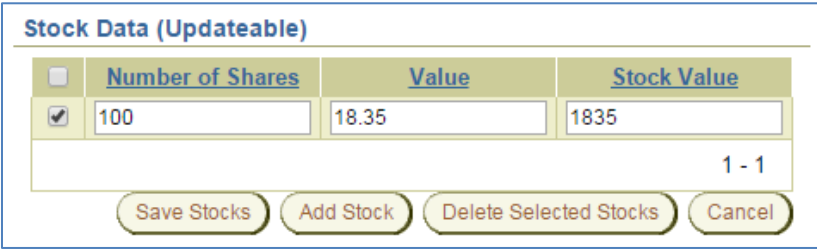
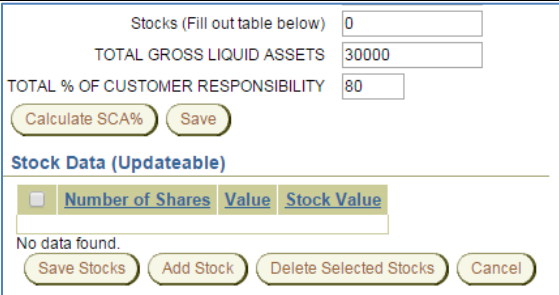
## How to Add a Stock

continued

Step	Action	Results
4.	Click on <b>Save Stocks</b> .	The entry is saved in the <b>Stock Data</b> table, and the stock value is added to the <b>Stocks</b> field in the <b>Assets</b> list.  The TOTAL GROSS LIQUID ASSETS is also updated to reflect the increase in assets.
 <p>The screenshot shows a form titled 'Stocks (Fill out table below)' with input fields for 'TOTAL GROSS LIQUID ASSETS' (31835) and 'TOTAL % OF CUSTOMER RESPONSIBILITY' (80). Below this is a 'Stock Data (Updateable)' table with columns for 'Number of Shares', 'Value', and 'Stock Value'. A row is present with 100 shares, a value of 18.35, and a stock value of 1835. The 'Save Stocks' button is highlighted with a red box.</p>		

## How to Delete a Stock

Follow the steps in the table below to delete a stock entry. The UAI must be in Work in Progress status.

Step	Action	Results
1.	Click on the check box next to the Stock to be deleted.	Marks the row for deletion.
 <p>The screenshot shows the 'Stock Data (Updateable)' table with the first row (100 shares, 18.35 value, 1835 stock value) selected with a checkmark in the first column. The 'Delete Selected Stocks' button is highlighted.</p>		
2.	Click on the <b>Delete Selected Stocks</b> button.	A Confirmation notice displays.
3.	Click on <b>OK</b> to confirm the deletion of the stock table entry.	The entry is deleted from the Stock Data table.
 <p>The screenshot shows the 'Stock Data (Updateable)' table with the message 'No data found.' displayed below the table headers. The 'Delete Selected Stocks' button is highlighted.</p>		

# Support Service Primary Navigation Tab

**Form Reference** The information on the Support Service primary navigation tab corresponds to page 10 of the UAI form.

**Support Service Secondary Navigational Tab**

**Required Fields** *Additional Supports exist?*  
If 'Yes,' refer to the next section for instructions on adding Additional Support information.

The remaining fields will be auto populate from the Plan of Care.

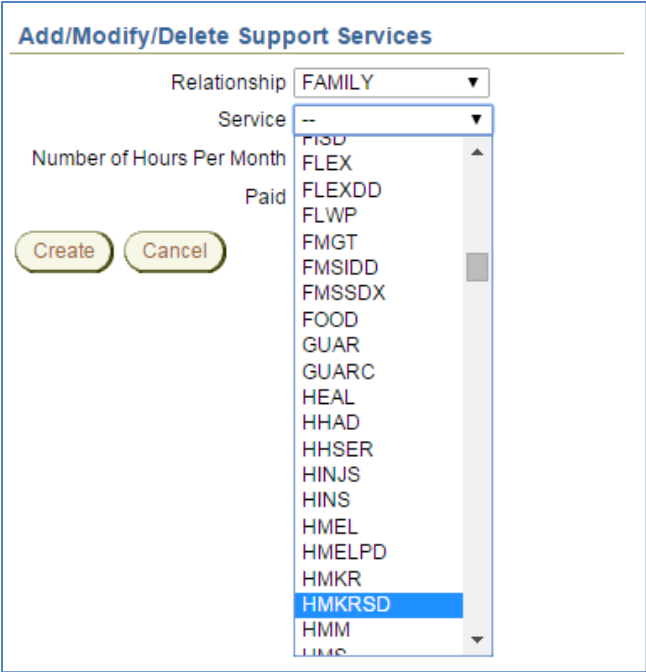

**Add Additional Support Information** If responding 'Yes' to *Additional Supports exist?*, follow the steps in the table below to add the additional support information.

Step	Action	Results
1.	Click on the <b>Add</b> button	

Continued on next page

## Support Service Primary Navigation Tab, continued

**Add Additional Support Information** *continued*

Step	Action	Results
2.	Click on the <b>Relationship</b> drop-down list.	Relation selections display.
3.	Select the appropriate Additional Support Relationship and press the Tab key.	Advances to the next field.
4.	Click on the <b>Service</b> drop-down list.	Services display.
		
5.	Select appropriate <b>Service code</b> and press the Tab key.	Advances to the next field.
6.	Enter the <b>Number of Hours Per Month</b> of service provided and press the Tab key.	Advances to the next field.
7.	Click on the <b>Paid</b> drop-down list.	Paid options display.
8.	Select <b>No</b> or <b>Yes</b>	Required Field
		

*Continued on next page*

## Support Service Primary Navigation Tab, continued

### Add Additional Support Information *continued*

Step	Action	Results
9.	Click on the <b>Create</b> button.	Table is created. Repeat the previous steps until all Additional Supports are entered.

### Modify or Delete Additional Support Entry

Follow the steps in the table below to modify or delete an entry from the Additional Support Services table.

Step	Action	Results
1.	Click on the Modify icon of the entry to be modified or deleted.	The record displays in the Add/Modify/Delete Support Services page.
2.	To modify the entry, make the desired changes to each field and click on the <b>Save</b> button.  –OR–	The changes are saved and the updated Additional Supports table displays.
3.	To delete the entry, click on the <b>Delete</b> button.	A Delete confirmation message displays.
4.	Click on the OK button.	The record is deleted and the updated Additional Supports table displays.
	When finished with the Support Service page, click on the <b>Save</b> button to advance to the <b>Release</b> page.	

## Release Primary Navigation Tab

**Form Reference** The information on the Release primary navigation tab corresponds to page 10 of the UAI form.

### Release Secondary Navigational Tab

Uniform Assessment Instrument - Version 3  
Assessment Nbr: 1341470 [Unmet Needs](#)

1 Customer 2 Functional Assessment 3 Nutrition 4 Service Plan 5 Health Physical 6 Health Prescribed 7 Health Evaluation 8 Environment 9 Financial 10 Support Service 10 Release

\*\*\*\*\* Uniform Assessment Instrument Form Completion \*\*\*\*\*

Release of Information:

**Req** Has the form been signed to release the information to the Kansas Department for Aging and Disability Services and service providers as listed above? ~Select~

Who signed the form? ~Select~

Save

**Required Fields** **Release of Information:** Acknowledgement that the form as signed  
**Who signed the form?**

**Hint** When the *Release* page is saved, the form automatically returns to the Customer/Main navigation tab so that the form status can be changed from Work in Progress to Approved, and saved.

When the UAI is saved in Approved status, KAMIS checks for any missing 'required for approval' fields. If any are found, a list will display on the right side of the Customer/Main page. The list displays on each page of the form, allowing navigation from page to page while still seeing the list of fields that need to be completed. An example of required fields that are not completed:

Form cannot be saved as Approved - required fields missing.

**The following are required for Approved status:**

**Customer - Demographics:**

- Below poverty status must be selected
- Lives alone status must be selected

**Functional - ADL:**

- Values must be entered for all ADLs

**Nutrition:**

- Eating Problems section must be entered

**Service Plan:**

- Help Prepare Food question must be entered

**Health Prescribed:**

- Medication Reminder comment must be at least 10 characters if IADL - Medication Management score is 2 or more
- Durable Power of Attourney must be selected

### Plan of Care / Unmet Needs


Once the UAI is saved in Approved status, access to the Plan of Care is available. For Plan of Care or Unmet Needs entry, refer to the individual chapters in the KAMIS User Manual for detailed instructions.

# Print View


**Form Reference** The Print View tab displays the UAI form in a new window, in a printable format. The Print View format is divided into sections of information according to the paper form.

**Print View** The printer icon at the top of the form launches the browser Print Menu. Use the print menu to print the complete assessment, or specific pages as desired. The pages will break as shown with the page number displayed on the left margin.

The grayed background area indicates the information is from Person Administration



**Kansas Department for Aging and Disability Services**  
**Uniform Assessment Instrument (UAI) Version 3**  
ODC Version: Viewed on: 12/15/2015 04:48:09 PM by: TESTUSER4


page 1

<b>KAMIS ID:</b> 657684	<b>Age:</b> 43
<b>Name:</b> RICK GRIMES	<b>Gender:</b> MALE
<b>Name Preferred:</b>	<b>Marital Status:</b> WIDOWED
	<b>Veteran:</b> N
	<b>Spouse of Veteran:</b> N
	<b>Recv. Veteran Benefits:</b> N
<b>Customer Ethnicity Type:</b> NOT HISPANIC OR LATINO	
<b>Customer Ethnicity:</b> WHITE NON-HISPANIC	
<b>Customer Speaks:</b> ENGLISH	
<b>Customer Reads:</b> ENGLISH	
<b>Customer Understands:</b> ENGLISH	

<b>Current Addresses:</b>	<b>Address Type:</b> RESIDENTIAL	<b>Effective Date:</b> 10/04/2015	<b>Termination Date:</b>
		<b>Location:</b> URBAN	<b>County:</b> SN - SHAWNEE
33315 1952ND NNW TERR TOPEKA, KS 66666-			
	<b>Primary Phone:</b> --	<b>Alternate Phone:</b> --	<b>Cell Phone:</b> --
	<b>E-Mail:</b>	<b>Website:</b>	<b>Fax:</b>
<b>Directions:</b>			

<b>Roles:</b>	<b>CUSTOMER</b>	<b>ACTIVE</b>	<b>Effective Date:</b> 07/01/2015	<b>Termination Date:</b>
	<b>CARE RECIPIENT</b>	<b>ACTIVE</b>	<b>Effective Date:</b> 10/20/2015	<b>Termination Date:</b>
<b>Associates:</b>	<b>(DPOA) DURABLE POWER OF ATTORNEY</b>	<b>BROTHER</b>	<b>Effective Date:</b> 12/01/2015	<b>Termination Date:</b>
		<b>PENGWINN, OPIS</b>	--	<b>KS -</b>
		<b>Primary Phone</b>	<b>Alternate Phone</b>	<b>Cell Phone</b>
		--	--	<b>785-666-6666</b>
<b>Associates:</b>	<b>CAREGIVER</b>		<b>Effective Date:</b> 10/04/2015	<b>Termination Date:</b>
		<b>GRIMES, CARL R.</b>	33315 1972ND NW TERR TOPEKA, KS 66666-	

Customer: 657684 - GRIMES, RICK  
AAA/CME: 4 Assessment Nbr: 1341470 Assessment Date: 12/14/2015

<b>Form Status:</b> 159	<b>Disaster Red Flag:</b>
<b>Reassessment Due Date:</b> 12/13/2016	<b>Electric:</b> _
<b>Funding:</b> 0	<b>Physical Impairment:</b> _
<b>Assessor:</b> HULIGAN, PEGGY Assessor Id: 10309	<b>Medication Assist:</b> _
<b>Phone:</b> 785-777-8888	<b>Cognitive/MH issues:</b> _
	<b>No Informal Support:</b> _
	<b>None:</b> <input checked="" type="checkbox"/>
<b>Income below poverty level?:</b>	<b>Does Customer have any difficulty</b>
<b>Does Customer live alone?:</b>	<b>Communicating:</b> _
	<b>Understanding information:</b> _

page 2 Customer: 657684 - GRIMES, RICK - UAI - Functional Reliability

Uniform Assessment Instrument Scoring				Long-term Care Threshold Guide			
<b>Cognition:</b>							
Code 0 - no impairment							
Code 1 - impairment with the tested area	Code	Multiplier	x	Weight	=	Total	Sum of Cognition scores
Code 9 - unable to test							
Orientation (day of the week, month, year, President):	0	0	x	2	=	0	
3-word recall (pen, car, watch):	0	0	x	2	=	0	
Spelling backward (table):	0	0	x	2	=	0	
Clock Draw (all #s, spacing of #s, hands at 11:10):	0	0	x	2	=	0	0
<b>Definition of Code for ADL/IADL</b>							
Independent	Code	Multiplier for Threshold Guide					
	1	0					
Supervision Needed	2	1					

When printing, the pages will separate as indicated.

Updated 12/15/2015

14-38