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

Table of Contents

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 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.

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

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.

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**

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 …

Customer Primary Navigation Tab, continued

Selecting the Assessor (continued)

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

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 **Assessor Search (Last, First)** 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 *Enter*.	The **Assessor** select list populates with any KAMIS assessors that match the search field entry.
3.	If the **Assessor** 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

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.

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

Required Fields

Income below poverty level?
Does customer live alone?

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.

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**

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**

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.

Functional Assessment Primary Navigation Tab, continued

IADL Secondary Navigational Tab

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

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.

Functional Assessment Primary Navigation Tab, continued

**Medicaid / LTC
Secondary
Navigational
Tab**

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

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**

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.

Nutrition Primary Navigation Tab, continued

Eating Problems
Secondary Navigational Tab

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.'

Nutrition Primary Navigation Tab, continued

Eating Patterns
Secondary
Navigational
Tab

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**

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?

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 your following any modified diet(s)? ~Select~ ▼   Are any of the diets doctor prescribed? ~Select~ ▼

Check each modified diet followed: **Check if doctor prescribed** **and indicate the name of the doctor**

Low sodium (salt) ☐	☐	
Low sugar ☐	☐	
Low fat/cholesterol ☐	☐	
Renal ☐	☐	
Calorie controlled ☐	☐	
Nutrition supplements ☐	☐	
6 small meals daily ☐	☐	
Vegetarian ☐	☐	
Pureed ☐	☐	
Ethnic/Religious ☐	☐	
Other ☐	☐	

(Save)

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.

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 | 4 Service Plan | 5 Health Physical | 6 Health Prescribed | 7 Health Evaluation | 8 En |

| Help Prepare Food | Modified Diet | Homebound |

Ask the Customer the following questions
Is the Customer homebound?

Req Physically   ~Select~ ▾

Req Socially   ~Select~ ▾

Req Isolated   ~Select~ ▾

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 (IIIB HOME-DELIVERED MEALS ONLY)
○ NOT APPLICABLE

(Save)

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.

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

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 Environm

Title	Cardiovascular	Genitourinary	Musculoskeletal	Respiratory	Other Concerns

Req Primary Diagnosis [   ]

Req Source of Information: Customer ☐   Record Review ☐   Other ☐

Req Customer: Overall how do you rate your health?   ○ Excellent ○ Good ○ Fair ○ Poor

(Save)

Required Fields	All fields on this page are required.

Cardiovascular 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	1

Title	**Cardiovascular**	Genitourinary	Musculoskeletal	Respiratory	Other Concerns

Req CARDIOVASCULAR

Ankle edema	☐
By-pass surgery/Angioplasty	☐
Chest Pain	☐
Circulation Problems	☐
Congestive Heart Failure	☐
Heart Attack	☐
Hypertension	☐
Hypotension	☐
Pacemaker	☐
Shortness of breath	☐
Other	☐
No problem	☐

Req ENDOCRINE

Diabetes	☐
Thyroid	☐
Other	☐
No problem	☐

Req GASTROINTESTINAL

Abdominal Pain	☐
Colitis	☐
Constipation	☐
Diarrhea	☐
Difficulty swallowing	☐
Diverticular disease	☐
Frequent use of laxatives	☐
Gall bladder problems	☐
Indigestion	☐
Irritable bowel syndrome	☐
Ulcers	☐
Other	☐
No problem	☐

(Save)

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

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 Suppo Service |

| Title | Cardiovascular | Genitourinary | Musculoskeletal | Respiratory | Other Concerns |

Req GENTOURINARY

- Dialysis ☐
- Difficulty/frequent urination ☐
- Dribbling and/or incontinence ☐
- Frequent bladder infections ☐
- Nighttime urination/Nocturia ☐
- Other ☐
- No problem ☐

Req HEARING

- Deaf ☐
- Decreased acuity ☐
- Earaches ☐
- Hearing Aid ☐
- Other ☐
- No problem ☐

Req INFECTIOUS DISEASE

- Airborne ☐
- Hepatitis ☐
- Tuberculosis ☐
- Other ☐
- No problem ☐

(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 |

Req Muscoskeletal

- Amputation of: [_____]
- Arthritis – (rheumatoid or osteo) ☐
- Back pain ☐
- Contractures ☐
- Fracture Of: [_____]
- Joint replacement of: [_____]
- Osteoporosis ☐
- Polio/Post polio ☐
- Other ☐
- No problem ☐

Req Neurological

- Alzheimer's disease ☐
- Cerebral Palsy ☐
- CVA/Stroke ☐
- Dementia ☐
- Dizziness ☐
- Paralysis of: [_____]
- Parkinson's disease ☐
- Seizures/Epilepsy ☐
- Speech problem ☐
- Transient ischemic attack ☐
- Traumatic brain injury ☐
- Other ☐
- No problem ☐

Req Reproductive System

- Enalrged prostate ☐
- Lumps - breast/node (male/female) ☐
- Masectomy of: [_____]
- Nipple discharge (male/female) ☐
- Prostate cancer ☐
- Vaginal discharge ☐
- Other ☐
- No problem ☐

(Save)

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

Health Physical Primary Navigation Tab, continued

Respiratory
Secondary
Navigational
Tab

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

Other Concerns
Secondary
Navigational
Tab

Required Fields At least one box must be checked.

Health Prescribed Primary Navigation Tab

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 **Add Medication** button.	Table is created.

Health Prescribed Primary Navigation Tab, Continued
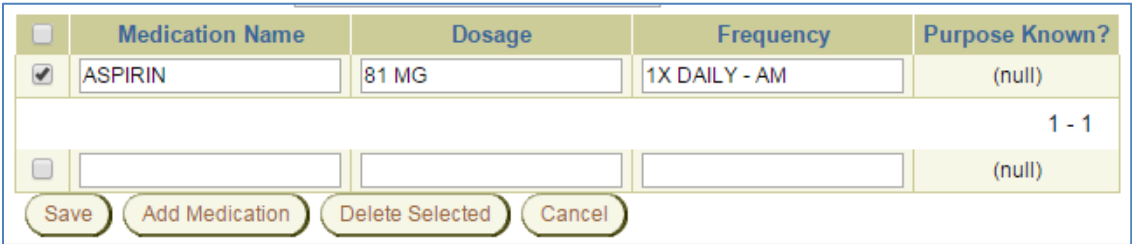
How to Add Medications

continued

Step	Action	Results
2.	Type in Medication name; press the **Tab** key	Advances to next field
3.	Type in Dosage; press the **Tab** key	Advances to next field
4.	Type in Frequency; press the **Tab** key	Advances to next field
5.	Click on **Save**.	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 **Delete Selected** button.	Confirmation notice is displayed.
3.	Click on **OK**.	Delete confirmation displays.

Health Prescribed Primary Navigation Tab, continued

Medication Reminders Secondary Navigational Tab

Required Fields

No fields displayed on this page are required.

<u>Note</u>: 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

Required Fields

There are no required fields on this page.

Medical/Legal
Secondary
Navigational
Tab

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

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

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.

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:

(Save)

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.

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:		
Pharmacy:		
Home Health:		
Hospital		

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

[Save]

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

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

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	8 Environment	9 Financial

Residence	Home Appliance	Safety and Comfort	Home Access	Physical Safety	Recommendations	Delivery

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

Air Conditioning, fan	Working ▼
Electricity	Working ▼
Flush Toilet	Working ▼
Gas, Propane	Working ▼
Heating System	Working ▼
Microwave	Working ▼
Piped Water, Hot/Cold	Working ▼
Radio, Television	Working ▼
Refrigerator, freezer	Working ▼
Smoke Detector	Working ▼
Stove, Hotplate, Oven	Working ▼
Telephone	Working ▼
Tub, Shower	Working ▼
Washer	Working ▼
Dryer	Working ▼

Comments

[Save]

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.

Environment Primary Navigation Tab, continued

Safety and Comfort Secondary Navigational Tab

Required Fields   There are no required fields on this page.

Home Access Secondary Navigational Tab

Required Fields   There are no required fields on this page.

Environment Primary Navigation Tab, continued

Physical Safety Secondary Navigational Tab

Required Fields   There are no required fields on this page.

Recommendations Secondary Navigational Tab

Required Fields   There are no required fields on this 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

Save

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

| 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 |

| Income | Copay | Legal | SCA Assets |

Req Family Size [____] (Family will include customer, spouse and minor children living together)

Has the customer refused to provide income information? No ▼

MONTHLY GROSS INCOME

Type of Income	Customer	Spouse	Minor Child	Total	Comments (note benefit numbers)
SSA				0	
SSD				0	
SSI				0	
Retirement Pension				0	
Veteran Pension				0	
Gross Employment Earnings				0	
Income From Property				0	
Net Farm Income				0	
Interest, Dividends				0	
Coop Dividends, Royalties, ...				0	
Regular Support From Others				0	
Cash From SRS				0	
Other				0	
Other				0	
Monthly Total Income (Remember to check poverty level on page 1)	0	0	0	0	

(Save)

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.

Financial Primary Navigation Tab, continued

SCA Assets
Secondary
Navigational
Tab

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.

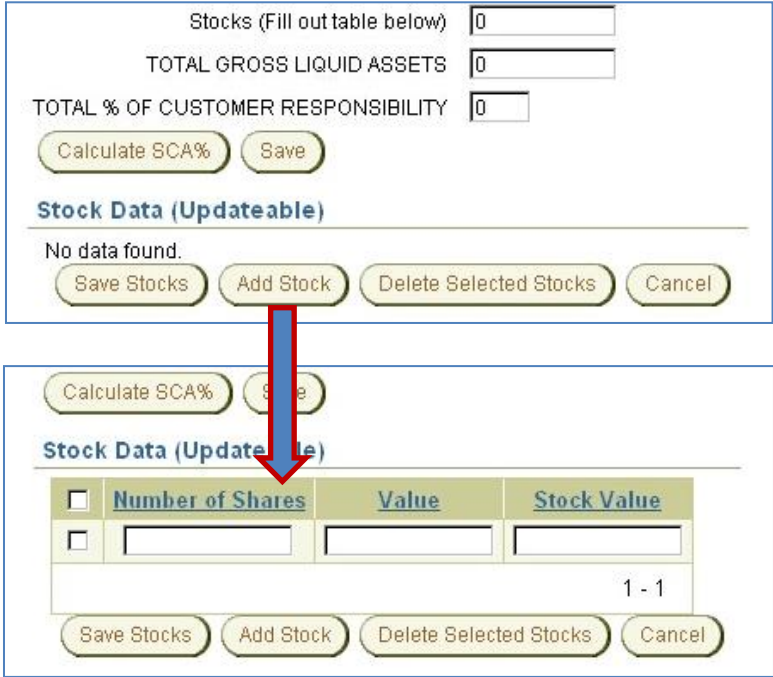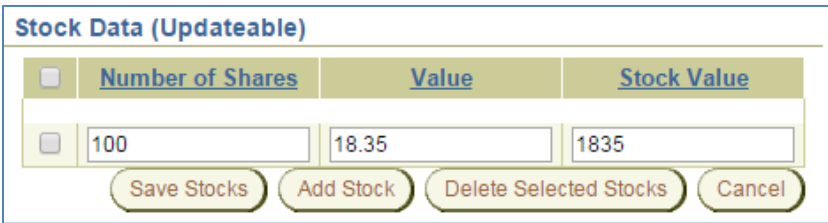The format of the notice display box may look slightly different depending on the browser in use.

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 **Add Stock** button.	A table row is created to enter the appropriate information.

Step	Action	Results
2.	Type in the **Number of Shares** owned and press the Tab key	Advances to the next field
3.	Type in the dollar value per share in the **Value** field and press the Tab key	The **Stock Value** is calculated and displays

Continued on next page

Financial Primary Navigation Tab, continued

How to Add a Stock   *continued*

Step	Action	Results
4.	Click on **Save Stocks**.	The entry is saved in the **Stock Data** table, and the stock value is added to the **Stocks** field in the *Assets* list. The TOTAL GROSS LIQUID ASSETS is also updated to reflect the increase in assets.

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.
2.	Click on the **Delete Selected Stocks** button.	A Confirmation notice displays.
3.	Click on **OK** to confirm the deletion of the stock table entry.	The entry is deleted from the Stock Data table.

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**

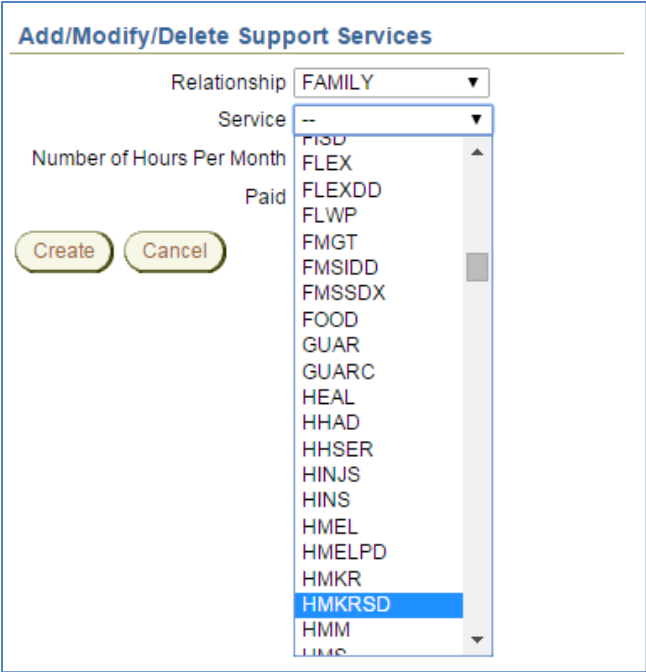|	
Required Fields	***Additional Supports exist?***
	If 'Yes,' refer to the next section for instructions on adding Additional Support information.
	The remaining fields will be auto populate from the Plan of Care.

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 **Add** button	

Support Service Primary Navigation Tab, continued

Add Additional   *continued*
Support
Information

Step	Action	Results
2.	Click on the **Relationship** 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 **Service** drop-down list.	Services display.

Step	Action	Results
5.	Select appropriate **Service code** and press the Tab key.	Advances to the next field.
6.	Enter the **Number of Hours Per Month** of service provided and press the Tab key.	Advances to the next field.
7.	Click on the **Paid** drop-down list.	Paid options display.
8.	Select **No** or **Yes**	Required Field

Support Service Primary Navigation Tab, continued

Add Additional Support Information *continued*

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

Additional Support/Services from Home Health, Family, Friend, Neighbor, Attorney, Landlord, Church, Club, Other

Reg Additional Supports exist? Yes ▼

Relationship	Service	Number of Hours per Month	Paid	Modify
FAMILY	HMKRSD	20	N	📝
FAMILY	ATCRSD	15	N	📝
				1 - 2

Add

Save

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.

Add/Modify/Delete Support Services

Relationship FAMILY ▼
Service HMKRSD ▼
Number of Hours Per Month 20
Paid No ▼

Save   Delete   Cancel

Step	Action	Results
2.	To modify the entry, make the desired changes to each field and click on the **Save** button. –OR--	The changes are saved and the updated Additional Supports table displays.
3.	To delete the entry, click on the **Delete** 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 **Save** button to advance to the **Release** 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**	

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:

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

When printing, the pages will separate as indicated.