

# Chapter 17 – Care Level I - 30 Day Follow-Up

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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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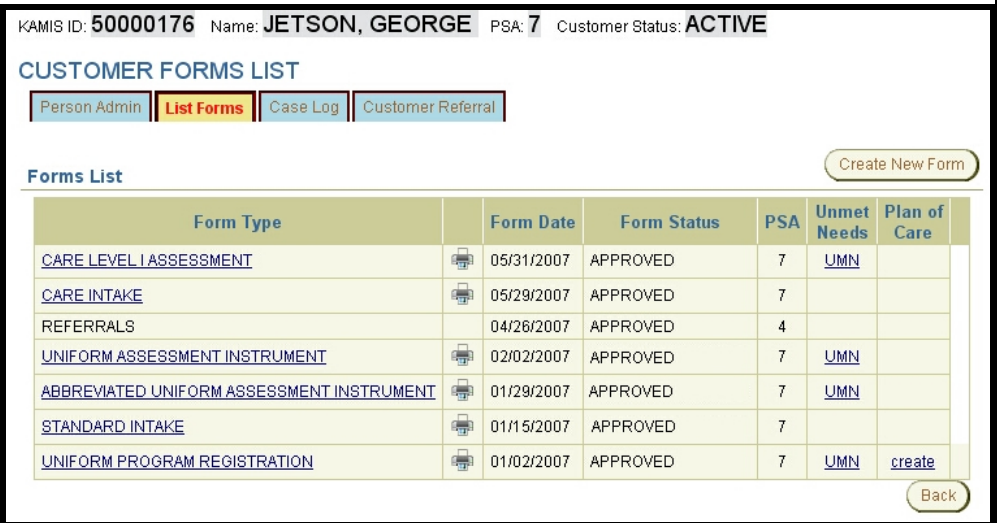


# Access the 30-Day Follow-Up Form

**Requirement** Add or update all customer and associate information first before you begin.

The CARE Level I Assessment form must be in an approved status before the 30-day Follow-up form can be accessed.


**How To** Follow the steps in the table below to access the 30-Day Follow-Up form.

Step	Action	Result																																																
1.	Locate customer through Person Search.	Customer is displayed.																																																
2.	Single click on the <b>View Forms</b> icon.	List of all forms associated to the customer will be displayed in the lower portion of the window.																																																
 <p>The screenshot shows a user interface for a customer named JETSON, GEORGE (PSA: 7, Status: ACTIVE). Under the heading 'CUSTOMER FORMS LIST', there are navigation tabs: 'Person Admin', 'List Forms' (highlighted), 'Case Log', and 'Customer Referral'. A 'Create New Form' button is visible. Below is a table titled 'Forms List' with columns: Form Type, Form Date, Form Status, PSA, Unmet Needs, and Plan of Care. The table contains seven rows of data, all with 'APPROVED' status. The 'CARE LEVEL I ASSESSMENT' row is highlighted in blue.</p> <table border="1"> <thead> <tr> <th>Form Type</th> <th>Form Date</th> <th>Form Status</th> <th>PSA</th> <th>Unmet Needs</th> <th>Plan of Care</th> </tr> </thead> <tbody> <tr> <td><a href="#">CARE LEVEL I ASSESSMENT</a></td> <td>05/31/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td><a href="#">CARE INTAKE</a></td> <td>05/29/2007</td> <td>APPROVED</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td><a href="#">REFERRALS</a></td> <td>04/26/2007</td> <td>APPROVED</td> <td>4</td> <td></td> <td></td> </tr> <tr> <td><a href="#">UNIFORM ASSESSMENT INSTRUMENT</a></td> <td>02/02/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td><a href="#">ABBREVIATED UNIFORM ASSESSMENT INSTRUMENT</a></td> <td>01/29/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td><a href="#">STANDARD INTAKE</a></td> <td>01/15/2007</td> <td>APPROVED</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td><a href="#">UNIFORM PROGRAM REGISTRATION</a></td> <td>01/02/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td>create</td> </tr> </tbody> </table>			Form Type	Form Date	Form Status	PSA	Unmet Needs	Plan of Care	<a href="#">CARE LEVEL I ASSESSMENT</a>	05/31/2007	APPROVED	7	UMN		<a href="#">CARE INTAKE</a>	05/29/2007	APPROVED	7			<a href="#">REFERRALS</a>	04/26/2007	APPROVED	4			<a href="#">UNIFORM ASSESSMENT INSTRUMENT</a>	02/02/2007	APPROVED	7	UMN		<a href="#">ABBREVIATED UNIFORM ASSESSMENT INSTRUMENT</a>	01/29/2007	APPROVED	7	UMN		<a href="#">STANDARD INTAKE</a>	01/15/2007	APPROVED	7			<a href="#">UNIFORM PROGRAM REGISTRATION</a>	01/02/2007	APPROVED	7	UMN	create
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3.	In the Forms List table, locate the <b>CARE Level I Assessment</b> . Single click on the form link.	The assessment form will be displayed.																																																

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## Access the 30-Day Follow-Up Form, Continued

### How To (continued)

Step	Action	Result
4.	The 30 day form option is displayed at the bottom of the Main page.  Click on the <b>Create 30 day Followup</b> button..	Opens blank form.
 <p>The screenshot shows a patient record for KAMIS ID: 50000176, Name: JETSON, GEORGE, PSA: 7. The patient is at 'CLI - CARE LEVEL I' with 'Unmet Needs'. A navigation bar includes 'Main', 'Billing', 'PASRR', 'Supports', 'Cognition &amp; Communication', 'Risks', and 'LTC'. Below this, key information is displayed: Person's Original Effective Date (01/01/2007), PSA (7 - EAST CENTRAL KS AAA), Form Status (APPROVED), and Assessment Date (05/31/2007). An 'Assessment Comment' field is present but empty. A 'Create 30day Followup' button is visible at the bottom of the form.</p>		

**Note:** The 30 day follow-up button will not display unless the CARE Assessment form is in approved status.

# Main Primary Navigation Tab

## Main Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr: **50000390**


**CL1 - 30 DAY FOLLOW-UP** [Unmet Needs](#)


**Main** Assistance Print View

\* PSA 7 - EAST CENTRAL KS AAA

\* Assessment Date 05/31/2007

\* Followup Completed By

\* Date of 30-Day Followup (mm/dd/yyyy)  

\* Date of 30-Day Followup Data Entry (mm/dd/yyyy)  

\* Form Status WORK IN PROGRESS

\* Customer's Location at time of Followup

Planned brief NF stay?

Person contacted

Title/Relationship to Customer

Customer  Guardian

Caregiver  NF Staff

Family Member  Other

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

**Saving Form** Each navigational tab (page) must be saved before advancing to the next tab. Once the save is successful the page will automatically forward to the next navigational level tab.

**Note** The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will be active.

# Assistance Primary Navigation Tab

## Assistance Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr: 50000390

**CL1 - 30 DAY FOLLOW-UP** [Unmet Needs](#)

[Main](#) [Assistance](#) [Print View](#)

If in Community, did the customer enter a NF after the CARE assessment was completed?

Customer's choice for LTC services

If Customer is in the community without services, Why?

Necessary services do not exist  Customer chose to not have services

Customer cannot afford needed services  Customer is waiting for services

Customer has informal support services in home  Customer does not need services

If additional help at home had been available, could you have stayed in your home?

Did you have any help at home before you went to the Nursing Facility?

Does the customer want further assistance?

Indicates required for Approval

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

# Print View

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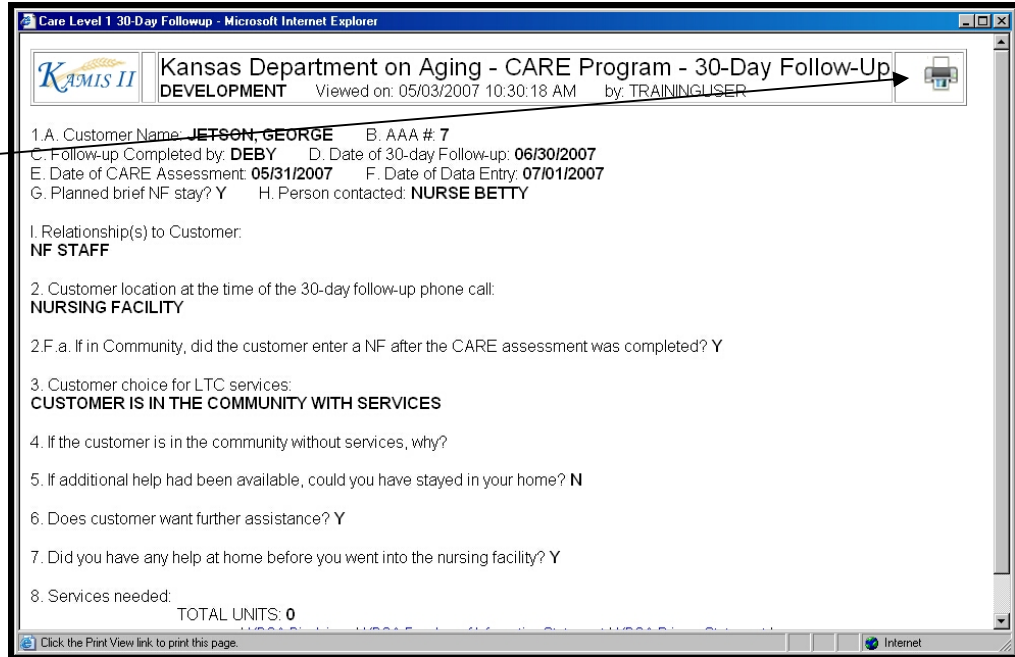
## Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

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## Print View

When printing the pages will separate as indicated.

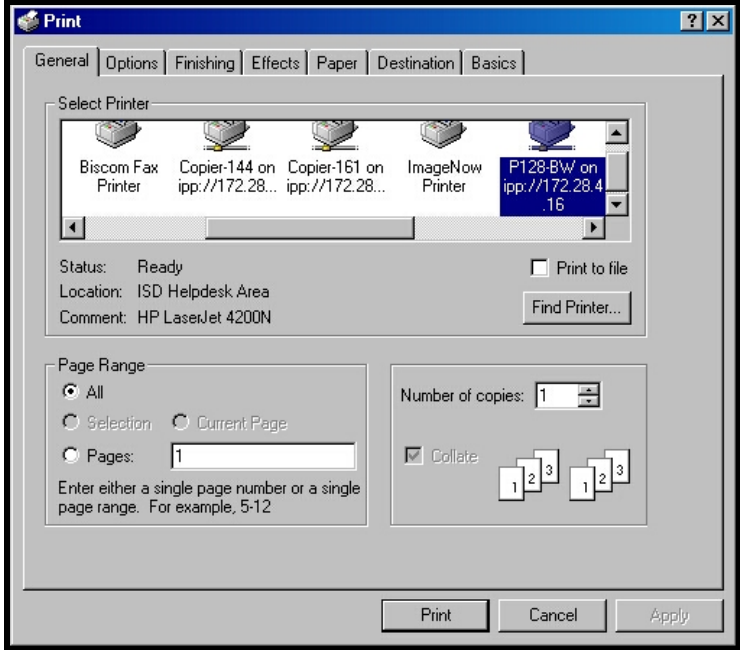


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## Print View, Continued

### To Print

Follow the steps in the table below to complete the Customer Referral process.

Step	Action	Result						
1.	Click on the <b>printer icon</b> at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)						
								
2.	Select the <b>Page Range</b>	See table below for options.						
<table border="1"> <thead> <tr> <th>Option</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>All</td> <td>All pages will print</td> </tr> <tr> <td>Pages (enter the page number)</td> <td>Only the specified page will print.</td> </tr> </tbody> </table>			Option	Result	All	All pages will print	Pages (enter the page number)	Only the specified page will print.
Option	Result							
All	All pages will print							
Pages (enter the page number)	Only the specified page will print.							
3.	Click on <b>Print</b> .	Document will print.						

### To Close

The window can be closed by clicking on the  in the right upper corner.