

Chapter 31 – Caregiver Assessment & Service Activity Entry

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Important

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

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

Person Administration Requirements

Introduction

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 Fields for Approved Caregiver Form

Person Admin/Home tab of the Caregiver or Caregiver Older Relative:

Legal Name - First and Last (Middle is optional)

Date of Birth

Gender

Race

Ethnicity

Residential Address

Person Roles – must include *Customer* and *Caregiver* or *Customer* and *Caregiver Older Relative*

Caregiver Person Roles

If the caregiver's Customer Status does not display as 'ACTIVE CAREGIVER' or 'ACTIVE CAREGIVER OLDER RELATIVE' in the Customer Info header, the person record does not have the role that allows a Caregiver Assessment to be created.

Person record with no Caregiver role:

KAMIS ID: 816377	Name: ADRC04, CONSUMER142 R	Customer Status: ACTIVE	More Person Info...
Orgs: Primary:	JAYHAWK AREA AGENCY ON AGING	No Secondary	

Form Selection:

Customer Forms Listing

Create New Form

Customer Forms Listing

Select a Form:

Standard Intake - Version 2

Cancel

Continued

Person Administration Requirements, continued

Caregiver Person Roles (continued)

Person record with Caregiver or Caregiver Older Relative role:

KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE ; CAREGIVER [More Person Info...](#)
Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary

KAMIS ID: 821335 Name: ADRC04, CONSUMER165 Customer Status: ACTIVE ; CAREGIVER OLDER RELATIVE [Mo](#)
Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary

Form Selection:

Customer Forms Listing

Create New Form

Customer Forms Listing

Select a Form:

Caregiver Assessment

Standard Intake - Version 2

Cancel

Add a Caregiver Role

To add one of the Caregiver roles to a Person record, go to the person's *Person Admin/Home* page and use the Person Roles region to add the appropriate Caregiver role.

Person Search 16 | **Person Admin 2** | Background Check 17 | CRC Worklist 21 | Reports 15

Home 2 | Associates and Affiliations 31 | IDD Additional Info 32

Person Administration

NAME: CONSUMER143 (first) (middle) **Enter Middle name or initial if kn
Nickname
* Date of Birth: 01/23/1967
* SSN
* Gender: MALE
Marital Status: MARRIED

View / Attach File(s) Nbr Of Attachments

© DO NOT upload HIPAA / PHI Information or Process for Guardian / DPOA / Emergency C

Ethnicity / Language

* Race: WHITE NON-HISPANIC
Ethnicity: NOT HISPANIC OR LATINO
Ethnicity Remarks
Speaks: ENGLISH Reads: ENGLISH
Interpreter Needed: No Yes

Person Aliases Add New Alias

no data found

Role Administration

Select Role Type

- ADMINISTRATOR
- APPLICANT EMPLOYEE
- APPLICANT VOLUNTEER
- ASSESSOR
- ASSOCIATE
- CARE RECIPIENT
- CAREGIVER
- CAREGIVER OLDER RELATIVE
- CASE MANAGER
- CONTRACT TEACHER
- DOCTOR
- EMPLOYEE
- EMPLOYEE CAREGIVER
- FOSTER GRANDPARENT
- FOSTER PARENT
- INTERN
- MFEI ASSESSOR
- NURSE
- OPTIONS COUNSELOR
- SOCIAL WORKER
- STUDENT NURSE
- VOLUNTEER

Status: ACTIVE
Effective Date: 09/02/2021
Create New Role Cancel

Alert

* Notice: This information is displayed on the forms list and can be seen by any KA Do Not post HIPAA / PHI Information in this area. Use the Associate Process for Guardian / DPOA / Emergency Contact Info This alert field does not retain history and can be deleted by any user with It is only for Alerts (i.e., - No Information to Callers, etc.)

Remarks

Address Information

View/Modify	Address	City	County Name	State Name	Primary Phone
<input checked="" type="checkbox"/>	MFEI	CITY	OUT OF STATE COUNTY	KANSAS	

(**Effective Date and Termination Date are sortable columns. To sort click on column titles.)

HCBS Waiver Eligibility Information

No HCBS Waiver Eligibility data found
Medicaid ID Number:

Person Status

(To see the "To Deceased" button, enter the Date of Death and save.)
To Inactive

Person Roles **Create New Role**

Edit	Role Type	Effective Date	Role Status	Termination Date
EDIT	CUSTOMER	01/28/2019	ACTIVE	

1 - 1

For more information on adding a Person Role, refer to 'Adding Person Roles' in *Chapter 6 – Person Administration* in the KAMIS II User Manual.

Caregiver Overview

Overview

The Caregiver Assessment and its associated Plan of Care are used to report when a caregiver receives temporary, intermittent respite services when providing some kind of informal support to a care recipient.

A caregiver can receive up to seven (7) consecutive days of respite service and can have more than one Caregiver Assessment/Plan of Care, as long as the seven consecutive days length of service is not exceeded.

A caregiver may be considered a 'caregiver older relative' depending on the age of the caregiver, the care recipient, and other criteria as defined in Section 3.8 *Family Caregiver Support Program* in the KDADS Field Services Manual.

The Plan of Care process is not covered in this chapter. For information on creating a Plan of Care, refer to *Chapter 19a – Plan of Care* in the KAMIS II User Manual.

General Definitions

Caregiver: A Caregiver is an adult family member or other individual who is an informal provider of in-home and community care to an older individual.

Caregiver Older Relative – a Caregiver Older Relative is an older adult family member or other individual who is an informal provider of in-home and community care to a child under 19 years of age, or an adult with a severe disability.

Care Recipient: A care recipient is an individual as described above who receives informal support from a qualified caregiver.

Caregiver Assessment: The form that defines who the caregiver/caregiver older relative is, and in the case of a caregiver, who the care recipient is that is receiving informal support from the caregiver.

For more information on who qualifies as a Caregiver or Care Recipient, refer to Section 3.8 *Family Caregiver Support Program* in the KDADS Field Services Manual.

Prerequisite

If the individual receiving Caregiver respite services does not yet exist in KAMIS, add the person record before continuing.

For information on creating a new person in KAMIS, refer to *Chapter 6 – Person Administration* in the KAMIS II User Manual.

Caregiver vs Caregiver Older Relative

This chapter contains separate sections for completing the Caregiver assessment for a Caregiver and completing the Caregiver assessment for a Caregiver Older Relative. The assessment's content is determined by which Person Role is assigned to the Caregiver.

Follow the instructions for the type of caregiver being assessed.

Create the Caregiver Assessment (Role: Caregiver)

Introduction

A Caregiver Assessment form must be completed for a caregiver that is receiving Caregiver respite services (excluding Assistance and Information). Once the assessment is completed, a Plan of Care for Caregiver respite services can be created.


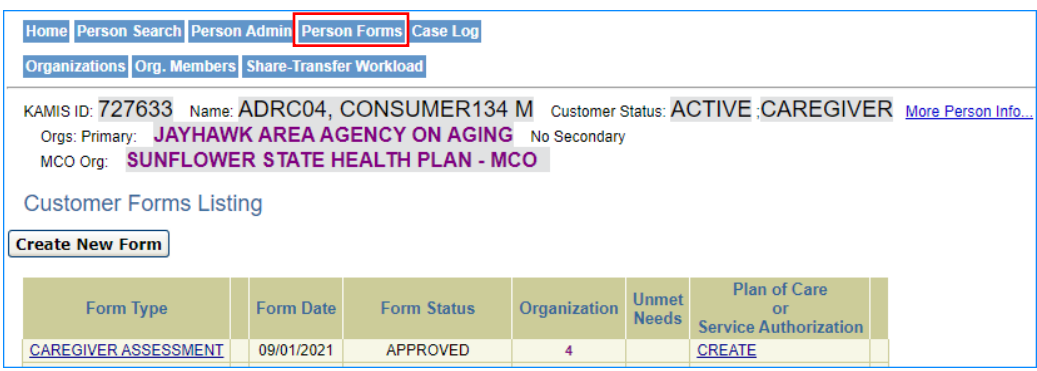
Note: This section is for creating a caregiver assessment when the customer’s additional Person Role is “Caregiver”. Refer to the next section to create a caregiver assessment for a customer with the “Caregiver Older Relative” Person Role.

Page Navigation

The Caregiver Assessment starts out as one page. Once the initial page is created, the rest of the Caregiver information will be accessible.

Create New Assessment

Follow the steps in the table below to start a new Caregiver Assessment for Caregiver Category “Caregiver”.

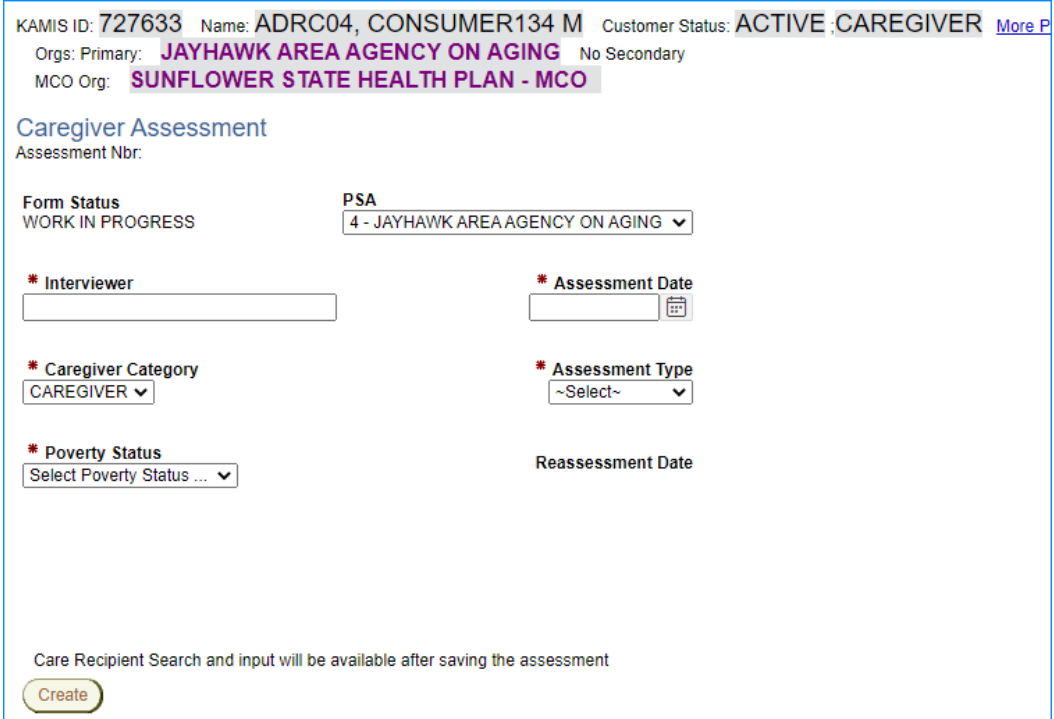
Step	Action	Result
1.	Using Person Search, locate the Caregiver.	The person record displays in Search Results.
2.	Click on the Update Person icon. 	The Person Admin/Home page displays.
3.	Check the <i>Person Roles</i> region to confirm he/she has the Caregiver role, and that the role is Active.	Confirms the Person record has the correct Caregiver role. Note: Refer to the previous ‘Person Administration’ section on adding the role, if necessary.
4.	Confirm other required fields are complete: <ul style="list-style-type: none"> • First and Last Name (Middle is optional) • Date of Birth • Gender • Race • Ethnicity • Residential Address 	Ensures the Assessment can be saved in Approved status. If changes were made, click the Save button in the Person Administration region before continuing.
5.	Click on the Person Forms button in the main navigation bar.	The Customer Forms Listing for the Caregiver displays.
		

Continued

Create the Caregiver Assessment (Role: Caregiver), continued

Create New Assessment

continued

Step	Action	Result
6.	Click on the Create New Form button.	A list of available forms displays.
7.	Click on the Caregiver Assessment button.	The form opens with the Form Status defaulting to 'Work in Progress,' and the PSA populated with the logged-in user's organization.
	 <p>KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE .CAREGIVER More P Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO</p> <p>Caregiver Assessment Assessment Nbr:</p> <p>Form Status: WORK IN PROGRESS PSA: 4 - JAYHAWK AREA AGENCY ON AGING</p> <p>* Interviewer: [Text Field] * Assessment Date: [Date Picker]</p> <p>* Caregiver Category: CAREGIVER * Assessment Type: ~Select~</p> <p>* Poverty Status: Select Poverty Status ... Reassessment Date: [Text Field]</p> <p>Care Recipient Search and input will be available after saving the assessment</p> <p>Create</p>	
8.	Type the interviewer's name in the Interviewer field.	Required
9.	Enter the Assessment Date (mm/dd/yyyy format) or use the Date Picker to select the date	Required
10.	The Caregiver Category is automatically populated with "Caregiver" because of the "Caregiver" person role assigned to this client.	Required. The Person Role assigned to the caregiver determines what options are available in this drop-down list.
11.	Select the Assessment Type from the drop-down list.	Required. If this is the first assessment for this Caregiver/Care Recipient combination, choose Initial.
12.	Select the Poverty Status of the caregiver.	Required.

Continued

Create the Caregiver Assessment (Role: Caregiver), continued

Create New Assessment

continued

Step	Action	Result
13.	Click on the Create button.	The form is created, an assessment number is assigned, and the Care Recipient regions display.
14.	The Reassessment Date field is calculated and populated after the form is saved.	One year minus one day after the Assessment Date.
	<p>New Caregiver assessment with Adult Care Recipient regions added:</p> <div style="border: 1px solid #ccc; padding: 10px;"> <p>KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE CAREGIVER Mor Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO</p> <p>Caregiver Assessment Assessment Nbr: 1757851</p> <p>Form Status WORK IN PROGRESS PSA 4 - JAYHAWK AREA AGENCY ON AGING</p> <p>* Interviewer Interviewer1 ADRC04 * Assessment Date 09/09/2021</p> <p>* Caregiver Category CAREGIVER * Assessment Type Reassessment</p> <p>* Poverty Status Above poverty level Reassessment Date 09/08/2022</p> <hr/> <p>ADULT CARE RECIPIENT SEARCH</p> <p>Recipient Search First <input type="text"/> Last <input type="text"/> <input type="button" value="SEARCH"/> <input type="button" value="RESET"/> <input type="button" value="Add New Recipient"/></p> <p>ADULT CARE RECIPIENTS</p> <p>no data found</p> <p><input type="button" value="Save"/></p> </div>	

Adding Care Recipient Information

Introduction

When the Caregiver Category selected in the assessment is 'Caregiver,' a care recipient must be added to identify who the caregiver is receiving respite services for. Once the Caregiver Assessment has been created (saved), additional regions display to aid in searching for and adding the care recipient that the caregiver supports.

The *Adult Care Recipient Search* region is used to search for an adult care recipient in the Person database tables. If the care recipient does not exist, the 'Add New Recipient' button provides a link to create a new person record. The *Adult Care Recipients* region displays the care recipient that has been associated to the caregiver in this assessment.

KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE :CAREGIVER [Mor](#)
Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary
MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO

Caregiver Assessment
Assessment Nbr: 1757851

Form Status: WORK IN PROGRESS PSA: 4 - JAYHAWK AREA AGENCY ON AGING

* Interviewer: Interviewer1 ADRC04 * Assessment Date: 09/09/2021

* Caregiver Category: CAREGIVER * Assessment Type: Reassessment

* Poverty Status: Above poverty level Reassessment Date: 09/08/2022

ADULT CARE RECIPIENT SEARCH

Recipient Search First [] Last []

ADULT CARE RECIPIENTS
no data found

This section covers adding an existing person record to the assessment. The next section will cover creating a new person record.

How To

A Care Recipient must be associated with the Caregiver to continue with the Assessment.

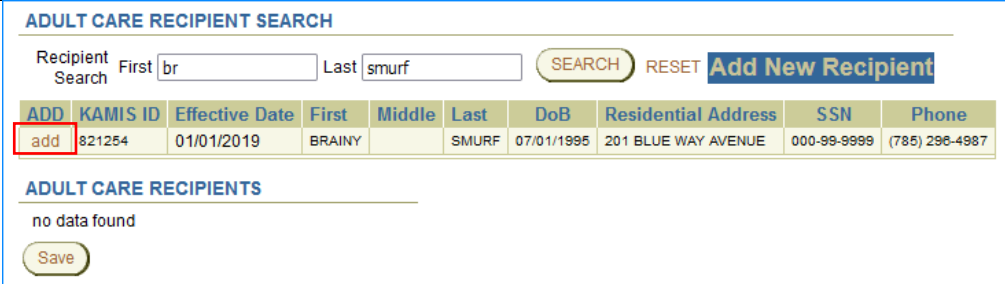
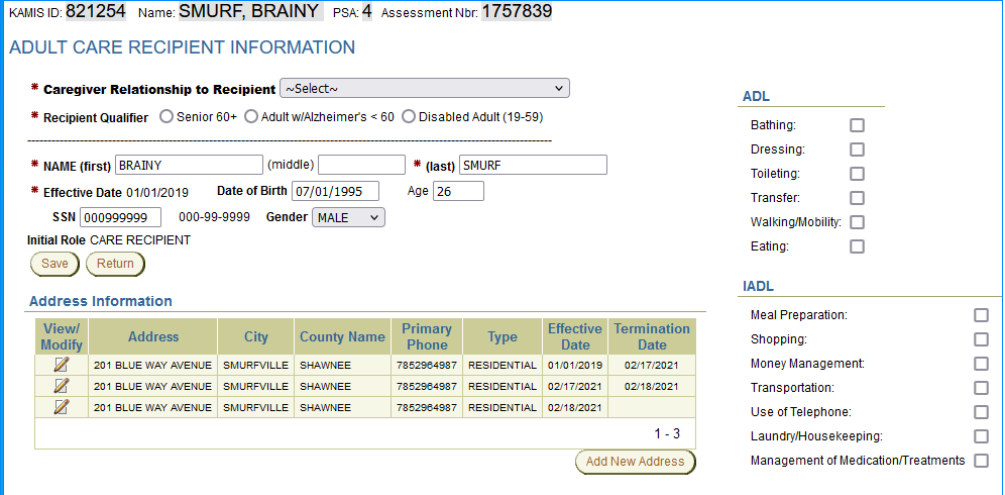
Follow the steps in the table below to search for and add an existing person record as a care recipient to the Caregiver assessment.

Continued

Adding Care Recipient Information, continued

How To

continued

Step	Action	Result																																
1.	In the <i>Adult Care Recipient Search</i> region, enter at least the first letter of the care recipient's First name	Required. If the first name field is left blank, no results will display even if there is a last name match.																																
2.	Enter at least the first two letters of the care recipient's Last name	Required. The more of the name you enter, the more narrowed down the Search Results list will be.																																
3.	Click on the Search button.	All customer records* matching the search criteria displays.																																
	 <p>ADULT CARE RECIPIENT SEARCH</p> <p>Recipient Search First <input type="text" value="br"/> Last <input type="text" value="smurf"/> <input type="button" value="SEARCH"/> <input type="button" value="RESET"/> <input type="button" value="Add New Recipient"/></p> <table border="1"> <thead> <tr> <th>ADD</th> <th>KAMIS ID</th> <th>Effective Date</th> <th>First</th> <th>Middle</th> <th>Last</th> <th>DoB</th> <th>Residential Address</th> <th>SSN</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>add</td> <td>821254</td> <td>01/01/2019</td> <td>BRAINY</td> <td></td> <td>SMURF</td> <td>07/01/1995</td> <td>201 BLUE WAY AVENUE</td> <td>000-99-9999</td> <td>(785) 296-4987</td> </tr> </tbody> </table> <p>ADULT CARE RECIPIENTS no data found</p> <input type="button" value="Save"/>		ADD	KAMIS ID	Effective Date	First	Middle	Last	DoB	Residential Address	SSN	Phone	add	821254	01/01/2019	BRAINY		SMURF	07/01/1995	201 BLUE WAY AVENUE	000-99-9999	(785) 296-4987												
ADD	KAMIS ID	Effective Date	First	Middle	Last	DoB	Residential Address	SSN	Phone																									
add	821254	01/01/2019	BRAINY		SMURF	07/01/1995	201 BLUE WAY AVENUE	000-99-9999	(785) 296-4987																									
	*Only person records that have the 'Customer' role are included in the Recipient Search results.																																	
4.	Click on the add link at the beginning of the row to add the care recipient. Note: If the desired care recipient does not display, skip to the <i>Care Recipient Not Found – Add a New Care Recipient</i> section of this chapter.	The <i>Adult Care Recipient Information</i> page displays.																																
	 <p>KAMIS ID: 821254 Name: SMURF, BRAINY PSA: 4 Assessment Nbr: 1757839</p> <p>ADULT CARE RECIPIENT INFORMATION</p> <p> <input type="checkbox"/> Caregiver Relationship to Recipient ~Select~ <input type="checkbox"/> Recipient Qualifier <input type="radio"/> Senior 60+ <input type="radio"/> Adult w/Alzheimer's < 60 <input type="radio"/> Disabled Adult (19-59) </p> <p> <input type="checkbox"/> NAME (first) BRAINY (middle) <input type="text"/> <input type="checkbox"/> (last) SMURF <input type="checkbox"/> Effective Date 01/01/2019 Date of Birth 07/01/1995 Age 26 <input type="checkbox"/> SSN 000999999 <input type="checkbox"/> 000-99-9999 Gender MALE </p> <p>Initial Role CARE RECIPIENT <input type="button" value="Save"/> <input type="button" value="Return"/></p> <p>Address Information</p> <table border="1"> <thead> <tr> <th>View/Modify</th> <th>Address</th> <th>City</th> <th>County Name</th> <th>Primary Phone</th> <th>Type</th> <th>Effective Date</th> <th>Termination Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>201 BLUE WAY AVENUE</td> <td>SMURFVILLE</td> <td>SHAWNEE</td> <td>7852964987</td> <td>RESIDENTIAL</td> <td>01/01/2019</td> <td>02/17/2021</td> </tr> <tr> <td><input type="checkbox"/></td> <td>201 BLUE WAY AVENUE</td> <td>SMURFVILLE</td> <td>SHAWNEE</td> <td>7852964987</td> <td>RESIDENTIAL</td> <td>02/17/2021</td> <td>02/18/2021</td> </tr> <tr> <td><input type="checkbox"/></td> <td>201 BLUE WAY AVENUE</td> <td>SMURFVILLE</td> <td>SHAWNEE</td> <td>7852964987</td> <td>RESIDENTIAL</td> <td>02/18/2021</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">1 - 3 <input type="button" value="Add New Address"/></p> <p>ADL</p> <p> <input type="checkbox"/> Bathing: <input type="checkbox"/> Dressing: <input type="checkbox"/> Toileting: <input type="checkbox"/> Transfer: <input type="checkbox"/> Walking/Mobility: <input type="checkbox"/> Eating: </p> <p>IADL</p> <p> <input type="checkbox"/> Meal Preparation: <input type="checkbox"/> Shopping: <input type="checkbox"/> Money Management: <input type="checkbox"/> Transportation: <input type="checkbox"/> Use of Telephone: <input type="checkbox"/> Laundry/Housekeeping: <input type="checkbox"/> Management of Medication/Treatments </p>		View/Modify	Address	City	County Name	Primary Phone	Type	Effective Date	Termination Date	<input type="checkbox"/>	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	01/01/2019	02/17/2021	<input type="checkbox"/>	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	02/17/2021	02/18/2021	<input type="checkbox"/>	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	02/18/2021	
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<input type="checkbox"/>	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	02/18/2021																												
5.	Select the Caregiver Relationship to Recipient from the drop-down list.	Required																																
6.	Select the Recipient Qualifer category that this care recipient falls within.	Required																																

Continued

Adding Care Recipient Information, continued

How To

continued

Step	Action	Result
7.	Review the Care Recipient person information to confirm its accuracy, making any corrections if necessary.	If you determine this is not the correct care recipient click the Return button and repeat 'How To' steps 1-4 above.
8.	Review the care recipient's Address Information and make any corrections as necessary.	Address is confirmed or updated
9.	Click the appropriate ADL and IADL checkboxes.	Optional
10.	Click on the Save button.	The <i>Adult Care Recipient Information</i> page is saved. If person information was changed, the changes will be checked against existing customer records for duplicates that may already exist. If a duplicate record message displays, follow the steps outlined in the 'Possible Duplicate Record Found' section in Chapter 6 – Person Administration in the KAMIS II User Manual.

KAMIS ID: 821254 Name: SMURF, BRAINY PSA: 4 Assessment Nbr: 1757839

ADULT CARE RECIPIENT INFORMATION

▪ Caregiver Relationship to Recipient OTHER RELATIVE

▪ Recipient Qualifier Senior 60+ Adult w/Alzheimer's < 60 Disabled Adult (19-59)

▪ NAME (first) BRAINY (middle) ▪ (last) SMURF

▪ Effective Date 01/01/2019 Date of Birth 07/01/1995 Age 26

SSN 000999999 000-99-9999 Gender MALE

Initial Role CARE RECIPIENT

Address Information

View/Modify	Address	City	County Name	Primary Phone	Type	Effective Date	Termination Date
	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	01/01/2019	02/17/2021
	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	02/17/2021	02/18/2021
	201 BLUE WAY AVENUE	SMURFVILLE	SHAWNEE	7852964987	RESIDENTIAL	02/18/2021	

1 - 3

ADL

Bathing:

Dressing:

Toileting:

Transfer:

Walking/Mobility:

Eating:

IADL

Meal Preparation:

Shopping:

Money Management:

Transportation:

Use of Telephone:

Laundry/Housekeeping:

Management of Medication/Treatments:

Recipient saved successfully

Continued

Adding Care Recipient Information, continued

How To

continued

Step	Action	Result																																				
11.	Click on the Return button.	The main Caregiver Assessment page displays, with the added <i>Adult Care Recipients</i> table now displayed.																																				
		<p>KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE CAREGIVER More Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO</p> <p>Caregiver Assessment Assessment Nbr: 1757839</p> <p>Form Status PSA <input type="text" value="WORK IN PROGRESS"/> <input type="text" value="4 - JAYHAWK AREA AGENCY ON AGING"/></p> <p>* Interviewer * Assessment Date <input type="text" value="Interviewer1 ADRC04"/> <input style="border: 1px solid gray; border-radius: 3px; padding: 2px 5px; font-size: 0.9em; font-family: sans-serif; color: gray; text-decoration: none; background-color: #f0f0f0; width: 100%;" type="text" value="09/01/2021"/></p> <p>* Caregiver Category * Assessment Type <input type="text" value="CAREGIVER"/> <input type="text" value="Reassessment"/></p> <p>* Poverty Status Reassessment Date <input type="text" value="Above poverty level"/> 08/31/2022</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>ADULT CARE RECIPIENT SEARCH</p> <p>Recipient Search First <input type="text" value="br"/> Last <input type="text" value="smurf"/> <input type="button" value="SEARCH"/> <input type="button" value="RESET"/> <input type="button" value="Add New Recipient"/></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr style="background-color: #e0e0e0;"> <th>ADD</th> <th>KAMIS ID</th> <th>Effective Date</th> <th>First</th> <th>Middle</th> <th>Last</th> <th>DoB</th> <th>Residential Address</th> <th>SSN</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>add</td> <td>821254</td> <td>01/01/2019</td> <td>BRAINY</td> <td></td> <td>SMURF</td> <td>07/01/1995</td> <td>201 BLUE WAY AVENUE</td> <td>000-99-9999</td> <td>(785) 296-4987</td> </tr> </tbody> </table> <p>ADULT CARE RECIPIENTS</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Edit</th> <th>#</th> <th>KAMIS Nbr</th> <th>Recipient Name</th> <th>Caregiver Relationship</th> <th>Gender</th> <th>Ssn</th> <th>Recipient Qualifier</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>821254</td> <td>BRAINY SMURF</td> <td>OTHER RELATIVE</td> <td>MALE</td> <td>000-99-9999</td> <td>Disabled Adult (19-59)</td> </tr> </tbody> </table> <p style="text-align: center;"><input type="button" value="Save"/></p> </div>	ADD	KAMIS ID	Effective Date	First	Middle	Last	DoB	Residential Address	SSN	Phone	add	821254	01/01/2019	BRAINY		SMURF	07/01/1995	201 BLUE WAY AVENUE	000-99-9999	(785) 296-4987	Edit	#	KAMIS Nbr	Recipient Name	Caregiver Relationship	Gender	Ssn	Recipient Qualifier		1	821254	BRAINY SMURF	OTHER RELATIVE	MALE	000-99-9999	Disabled Adult (19-59)
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add	821254	01/01/2019	BRAINY		SMURF	07/01/1995	201 BLUE WAY AVENUE	000-99-9999	(785) 296-4987																													
Edit	#	KAMIS Nbr	Recipient Name	Caregiver Relationship	Gender	Ssn	Recipient Qualifier																															
	1	821254	BRAINY SMURF	OTHER RELATIVE	MALE	000-99-9999	Disabled Adult (19-59)																															

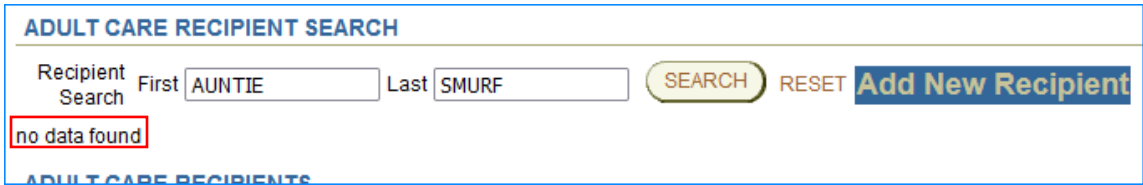
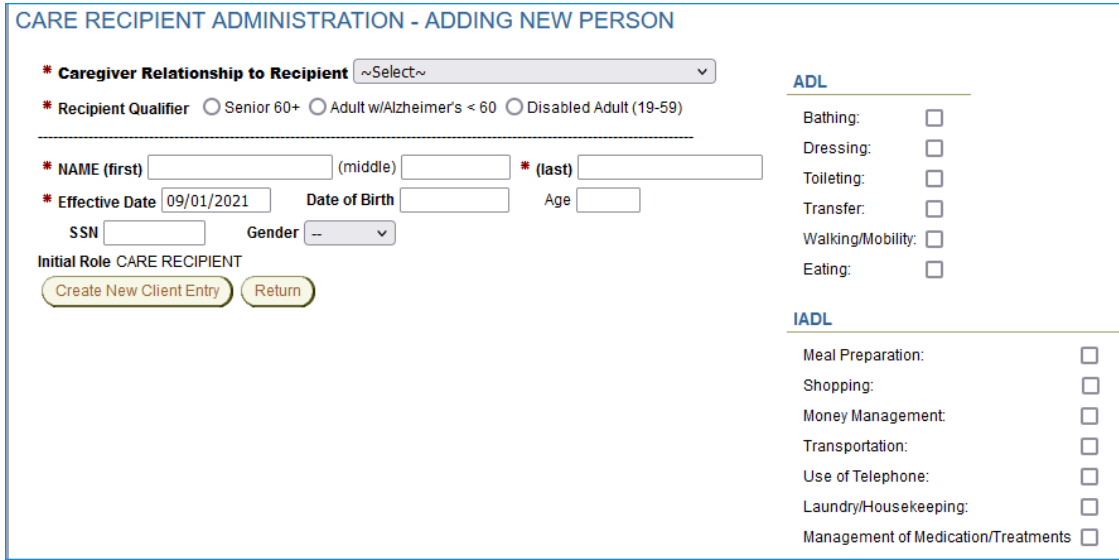
Care Recipient Not Found – Add a New Care Recipient

Introduction

If a Recipient Search results in a ‘no data found’ message, a new person record will need to be created and added as the Care Recipient.

How To

Follow the steps in the table below to create and add a new Care Recipient to the Caregiver Assessment.

Step	Action	Results
1.	Complete the Search for the care recipient.	The search results table displays with the ‘no data found’ message.
		
2.	Click on the blue Add New Recipient tab.	The <i>Care Recipient Administration – Adding New Person</i> page displays.
		
3.	Select the Caregiver Relationship to Recipient from the drop-down list.	Required
4.	Select the Recipient Qualifier category that this care recipient falls within.	Required
5.	Enter the care recipient’s NAME (first) and (last) .	Required (Middle initial/name is optional)
6.	The Effective Date defaults to the current date. It can be changed to an earlier date if appropriate.	Required

Continued

Care Recipient Not Found – Add a New Care Recipient, continued

How To

continued

Step	Action	Results
7.	Enter the care recipient's NAME (first) and (last) .	Required (Middle initial/name is optional)
8.	The Effective Date defaults to the current date. It can be changed to an earlier date if appropriate.	Required
9.	Enter the care recipient's Date of Birth (mm/dd/yyyy format) and press the Tab key or click in a different field.	Optional. Age will calculate automatically when the cursor moves out of the Date of Birth field.
10.	Enter the care recipient's Social Security Number (SSN).	Optional
11.	Select the care recipient's Gender	Optional
12.	Click the appropriate ADL and IADL checkboxes for the care recipient.	Optional
Note: The Initial Role is automatically assigned to 'Care Recipient'		
13.	Click on the Create New Client Entry button	<ul style="list-style-type: none"> The Person record is created* A KAMIS ID number is assigned The Person record is associated with the same organization (PSA) as the logged-in user An 'Add New Address' button is available for care recipient address entry <p>*The new person information will be checked against existing customer records for duplicates that may already exist. If a duplicate record message displays, follow the steps outlined in the 'Possible Duplicate Record Found' section in Chapter 6 – Person Administration.</p>
	<p>KAMIS ID: 821366 Name: SMURF, AUNTIE PSA: 4 Assessment Nbr: 1757839</p> <p>ADULT CARE RECIPIENT INFORMATION</p> <p>* Caregiver Relationship to Recipient <input type="text" value="DAUGHTER/DAUGHTER-IN-LAW"/> ▾</p> <p>* Recipient Qualifier <input checked="" type="radio"/> Senior 60+ <input type="radio"/> Adult w/Alzheimer's < 60 <input type="radio"/> Disabled Adult (19-59)</p> <hr/> <p>* NAME (first) <input type="text" value="AUNTIE"/> (middle) <input type="text"/> * (last) <input type="text" value="SMURF"/></p> <p>* Effective Date <input type="text" value="09/01/2021"/> Date of Birth <input type="text" value="03/10/1961"/> Age <input type="text" value="60"/></p> <p>SSN <input type="text"/> Gender <input type="text" value="FEMALE"/> ▾</p> <p>Initial Role CARE RECIPIENT</p> <p><input type="button" value="Save"/> <input type="button" value="Return"/></p> <p>Address Information</p> <p>no data found</p> <p><input type="button" value="Add New Address"/></p>	

Continued

Care Recipient Not Found – Add a New Care Recipient, continued

How To

continued

Step	Action	Results
14.	Click on the Add New Address button and add an address.	Optional, but adding a Residential address is recommended
15.	Click on the Save button.	Saves the address and returns to the <i>Adult Care Recipient Information</i> page
16.	Click on the Save button.	The <i>Adult Care Recipient Information</i> page is saved and the Caregiver Assessment main page displays with the new Adult Care Recipient information.

KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE CAREGIVER [More P](#)
 Orgs: Primary: **JAYHAWK AREA AGENCY ON AGING** No Secondary
 MCO Org: **SUNFLOWER STATE HEALTH PLAN - MCO**
(ISD, as JOBAUER, PSA 4.) Note that MCOs are in PERSON_PSA, not-MCO; fix if when MCOs pulled from _PSA.

Caregiver Assessment
 Assessment Nbr: 1757839

Form Status: WORK IN PROGRESS PSA: 4 - JAYHAWK AREA AGENCY ON AGING

* Interviewer: Interviewer1 ADRC04 * Assessment Date: 09/01/2021

* Caregiver Category: CAREGIVER * Assessment Type: Reassessment

* Poverty Status: Above poverty level Reassessment Date: 08/31/2022

ADULT CARE RECIPIENT SEARCH

Recipient Search First: auntie Last: smurf

ADD	KAMIS ID	Effective Date	First	Middle	Last	DoB	Residential Address	SSN	Phone
add	821366	09/01/2021	AUNTIE		SMURF	03/10/1961	1111 BLUE BRICK RD		

ADULT CARE RECIPIENTS

Edit	#	KAMIS Nbr	Recipient Name	Caregiver Relationship	Gender	Ssn	Recipient Qualifier
	1	821254	BRAINY SMURF	OTHER RELATIVE	MALE	000-99-9999	Disabled Adult (19-59)
	2	821366	AUNTIE SMURF	DAUGHTER/DAUGHTER-IN-LAW	FEMALE	-	Senior 60+

Next Steps

The form is now complete and can be approved. For instructions on creating a caregiver assessment for an Older Relative Caregiver for Children or Disabled Adults, continue with the next section.

For instructions on approving the Caregiver and the Older Relative Caregiver assessments, refer to the “Approve the Caregiver Assessment” section later in this document.

Create the Caregiver Assessment (Role: Caregiver Older Relative)

Introduction


While creating a Caregiver Assessment for an Older Relative Caregiver has some similarities to the previous instructions for a Caregiver, it is a shorter and simpler process. The only care recipient information added to the assessment is the number of children or disabled adults that the older relative caregiver cares for.

Page Navigation

The Caregiver Assessment for an Older Relative Caregiver category is a one page assessment. Once the page is created, no additional information is required prior to approval of the assessment.

Create New Assessment

Follow the steps in the table below to start a new Older Relative Caregiver Assessment for Caregiver Category “Older Relative Caregiver for Child(ren)” or “Older Relative Caregiver for Disabled Adult(s)”.

Step	Action	Result
1.	Using Person Search, locate the Caregiver (Older Relative).	The person record displays in Search Results.
2.	Click on the Update Person icon. 	The Person Admin/Home page displays.
3.	Check the <i>Person Roles</i> region to confirm he/she has the Caregiver Older Relative role, and that the role is Active.	Confirms the Person record has the correct Caregiver role. Note: Refer to the previous ‘Person Administration’ section on adding the role, if necessary.
4.	Confirm other required fields are complete: <ul style="list-style-type: none"> • First and Last Name (Middle is optional) • Date of Birth • Gender • Race • Ethnicity • Residential Address 	Ensures the Assessment can be saved in Approved status.
5.	If any updates were made in step 4, click on the Save button in the <i>Person Administration</i> region.	Changes are saved.
6.	Click on the Person Forms button in the main navigation bar.	The Customer Forms Listing for the Caregiver Older Relative displays.

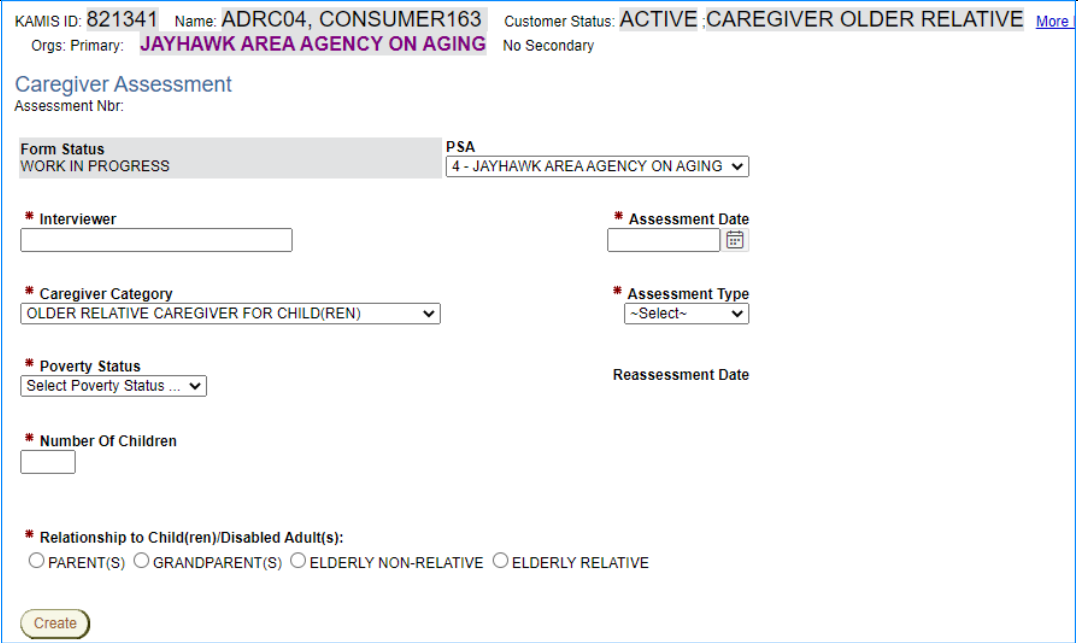


Continued

Create the Caregiver Assessment (Role: Caregiver Older Relative), continued

Create New Assessment

continued

Step	Action	Result
7.	Click on the Create New Form button.	A list of available forms displays.
8.	Click on the Caregiver Assessment button.	The form opens with the Form Status defaulting to 'Work in Progress,' and the PSA populated with the logged-in user's organization.
	 <p>KAMIS ID: 821341 Name: ADRC04, CONSUMER163 Customer Status: ACTIVE CAREGIVER OLDER RELATIVE More Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary</p> <p>Caregiver Assessment Assessment Nbr:</p> <p>Form Status WORK IN PROGRESS PSA 4 - JAYHAWK AREA AGENCY ON AGING ▼</p> <p>* Interviewer <input type="text"/> * Assessment Date <input type="text"/> </p> <p>* Caregiver Category OLDER RELATIVE CAREGIVER FOR CHILD(REN) ▼ * Assessment Type ~Select~ ▼</p> <p>* Poverty Status Select Poverty Status ... ▼ Reassessment Date</p> <p>* Number Of Children <input type="text"/></p> <p>* Relationship to Child(ren)/Disabled Adult(s): <input type="radio"/> PARENT(S) <input type="radio"/> GRANDPARENT(S) <input type="radio"/> ELDERLY NON-RELATIVE <input type="radio"/> ELDERLY RELATIVE</p> <p><input type="button" value="Create"/></p>	
9.	Type the interviewer's name in the Interviewer field.	Required
10.	Enter the Assessment Date (mm/dd/yyyy format) or use the Date Picker to select the date	Required
11.	Choose the Caregiver Category appropriate for this caregiver.	Required. The Person Role assigned to the caregiver determines what options are available in this drop-down list.
12.	Select the Assessment Type from the drop-down list.	Required. If this is the first assessment for this Older Relative Caregiver, choose Initial.
13.	Select the Poverty Status of the caregiver.	Required.
14.	Enter the Number of Children or Number of Disabled Adults the caregiver cares for.	Required. The option displayed depends on which Older Relative Caregiver Category is selected.
15.	Select caregiver's Relationship to Child(ren)/Disabled Adult(s) .	Required.
16.	Click on the Create button.	The form is created, and an assessment number is assigned.

Continued

Create the Caregiver Assessment (Role: Caregiver Older Relative), continued

Create New Assessment

continued

Step	Action	Result
17.	The Reassessment Date field is calculated and populated after the form is saved.	One year minus one day after the Assessment Date.
	<p data-bbox="435 438 935 468">New Older Relative Caregiver assessment:</p> <div data-bbox="435 468 1507 1150" style="border: 1px solid #ccc; padding: 5px;"> <p data-bbox="448 483 1507 510">KAMIS ID: 821341 Name: ADRC04, CONSUMER163 Customer Status: ACTIVE CAREGIVER OLDER RELATIVE</p> <p data-bbox="464 510 1055 531">Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary</p> <p data-bbox="448 548 678 573">Caregiver Assessment</p> <p data-bbox="448 577 659 598">Assessment Nbr: 1757852</p> <p data-bbox="448 625 545 646">Form Status</p> <p data-bbox="456 646 639 667">WORK IN PROGRESS</p> <p data-bbox="898 625 930 646">PSA</p> <p data-bbox="906 646 1211 667">4 - JAYHAWK AREA AGENCY ON AGING</p> <p data-bbox="456 699 558 720">* Interviewer</p> <p data-bbox="456 720 737 741">Interviewer1 ADRC04</p> <p data-bbox="1073 699 1214 720">* Assessment Date</p> <p data-bbox="1073 720 1214 741">09/09/2021</p> <p data-bbox="456 779 613 800">* Caregiver Category</p> <p data-bbox="456 800 889 821">OLDER RELATIVE CAREGIVER FOR CHILD(REN)</p> <p data-bbox="1073 779 1214 800">* Assessment Type</p> <p data-bbox="1073 800 1214 821">Reassessment</p> <p data-bbox="456 852 581 873">* Poverty Status</p> <p data-bbox="456 873 646 894">Above poverty level</p> <p data-bbox="1073 852 1214 873">Reassessment Date</p> <p data-bbox="1133 873 1214 894">09/08/2022</p> <p data-bbox="456 932 618 953">* Number Of Children</p> <p data-bbox="456 953 513 974">2</p> <p data-bbox="456 1031 792 1052">* Relationship to Child(ren)/Disabled Adult(s):</p> <p data-bbox="464 1052 1114 1073"> <input type="radio"/> PARENT(S) <input type="radio"/> GRANDPARENT(S) <input checked="" type="radio"/> ELDERLY NON-RELATIVE <input type="radio"/> ELDERLY RELATIVE </p> <p data-bbox="456 1115 513 1136">Save</p> </div>	

The form is now complete and can be approved. Continue with the next section “Approve the Caregiver Assessment”.

Approve the Caregiver Assessment

Overview

When all the required Caregiver/Older Relative Caregiver assessment fields are completed, the final step to completing the assessment is to approve it.

Approving the assessment triggers form validations that ensure all required information has been entered. Once approved, links to the Plan of Care display in the Caregiver Assessment and on the Forms List. The Plan of Care is where the caregiver's services are added.

KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE, CAREGIVER [More](#)
 Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary
 MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO

Caregiver Assessment
 Assessment Nbr: 1757839 [Plan of Care](#)

Form Status
 APPROVED

PSA
 4 - JAYHAWK AREA AGENCY ON AGING

* **Interviewer** Interviewer1 ADRC04 * **Assessment Date** 09/01/2021

* **Caregiver Category** CAREGIVER * **Assessment Type** Reassessment

* **Poverty Status** Above poverty level **Reassessment Date** 08/31/2022

KAMIS ID: 727633 Name: ADRC04, CONSUMER134 M Customer Status: ACTIVE, CAREGIVER [More Pers](#)
 Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary
 MCO Org: SUNFLOWER STATE HEALTH PLAN - MCO

Customer Forms Listing

Create New Form

Form Type	Form Date	Form Status	Organization	Unmet Needs	Plan of Care or Service Authorization
CAREGIVER ASSESSMENT	09/01/2021	APPROVED	4		CREATE

How To

Follow the steps in the table below to Approve a Caregiver Assessment.

Step	Action	Result
1.	From the main page of the Caregiver Assessment, select 'APPROVED' from the Form Status drop-down list.	The status changes to APPROVED
2.	Click on the Save button.	<ul style="list-style-type: none"> Validations run to make sure all required fields are completed Assessment is saved in Approved status All fields change to read only A link to create the Plan of Care displays

Continued

Approve the Caregiver Assessment, continued

How To *continued*

Note: If any required fields are missing when the Assessment is Approved, an error list will display on the right side of the assessment page. After the missing required fields are completed and the information saved, you can return to the Caregiver Assessment main page and Approve it again.

KAMIS ID: 821367 Name: ADRC04, CONSUMER166 Customer Status: ACTIVE CAREGIVER [More Person Info...](#)
 Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary

Caregiver Assessment
 Assessment Nbr: 1757841

1 error has occurred

Fix these errors then Approve again

Form Status
 WORK IN PROGRESS

PSA
 4 - JAYHAWK AREA AGENCY ON AGING

*** Interviewer**
 Interviewer1 ADRC04

*** Caregiver Category**
 CAREGIVER

*** Poverty Status**
 Above poverty level

*** Assessment Date**
 09/02/2021

*** Assessment Type**
 Initial

Reassessment Date
 09/01/2022

The following are required for Approved status:

- Birth Date is Required
- Gender is Required
- Race is Required
- Ethnicity is Required
- Complete Residential Address is Required
- Date of Birth is Required - Go to Person Maintenance to add the Date of Birth

ADULT CARE RECIPIENT SEARCH

Recipient Search First Last SEARCH RESET Add New Recipient

ADULT CARE RECIPIENTS

Edit	#	KAMIS Nbr	Recipient Name	Caregiver Relationship	Gender	Ssn	Recipient Qualifier
	1	821368	SMURFY SMURF	SON/SON-IN-LAW	MALE	-	Adult w/Alzheimer's < 60

Save

The errors are in reference to the Caregiver's (Consumer166 Adrc04) person record.

Plan of Care

For assistance in completing the Plan of Care for Caregiver services, refer to Chapter 19a – Plan of Care in the KAMIS II User Manual.

Caregiver Reporting – Service Activity Entry

Introduction

Twice a year, in April and in October, information needs to be reported for Assistance and Information services that were offered during the defined timeframes. The *Service Activity Entry* form is used for reporting this information.

How To

Follow the steps in the table below to access the *Service Activity Entry* form and enter information regarding Assistance and Information services activity.


Step	Action	Results
1.	On the KAMIS II home page, under the Reports region, click on the Caregiver Reports Menu button.	The Title III-E Caregiver Reports menus for <i>FFY 2021 & Earlier</i> and <i>FFY 2022 & Later</i> display.
2.	Click on the Caregiver Reports button under the “TITLE III-E CAREGIVER REPORTS (FFY 2022 & LATER)” heading.	The FFY 2022 report options display.
3.	Choose <i>Service Activity Entry</i> from the Report Type drop-down list.	The report-specific options display.

Continued

Caregiver Reporting – Service Activity Entry, continued

How To

continued

Step	Action	Results
4.	From the Date Options choices, select the desired FFY period for which data is being entered.	<i>Annual (Oct 1 – Sep 30) or Semi-Annual (Oct 1 – Mar 31)</i>
5.	Enter the desired year (4 digits) in the Fed Fiscal Year field.	The 4-digit federal fiscal year displays.
6.	Select the Caregiver Type for the data being reported.	<i>Caregiver, Older Relative Caregiver for Child(ren), or Older Relative Caregiver for Disabled Adult(s)</i>
7.	PSA populates automatically with the logged-in user’s organization.	
8.	Click on the Load Form button. 	The Unregistered Services entry form displays.
9.	Enter the values for each item.	Required

Caregiver Reports

Unregistered Services

	Estimated Unduplicated Caregivers	Units of Service	Number of Providers
Assistance (Information & Assistance)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support Groups	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Estimated Audience Size	Number of Activities	Number of Providers
Public Information Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

What percentage of caregivers reported Information received helped to relieve caregiving stress?

What percentage of caregivers reported Assistance increased their access to support services?

Comments

Create
Close Form

Continued

Caregiver Reporting – Service Activity Entry, continued

How To

continued

Step	Action	Results
10.	Enter any Comments as desired.	Optional
11.	Click on the Create button.	A prompt to either create the new record or cancel displays.
12.	Click the OK button to save the values entered.	A prompt to close the saved form or to continue editing displays.
13.	Click the OK button to close the saved form.	The form is closed and the <i>Report Criteria</i> options display.

Service Activity Report

Once saved, the *Unregistered Services* data entered in the Service Activity Entry form is reflected in the Service Activity report, which is also accessible from the Caregiver Reports Menu.

The values for the *Registered Services* in the Service Activity report come from the billing records that are created when the Service Provided (225) process is run for Caregiver plans of care.

Report Period: October 2020 - P3A: ALL

Caregiver Reports

	Service Category	# Caregivers Served	Units of Service	Number of Providers
1) REGISTERED Services				
a. Assistance: Case Management	Assistance: Case Management TOTAL	0	0	0
b. Counseling	Counseling TOTAL	15	40	4
c. Training	GROUP TRAINING	0	0	0
	INDIVIDUAL TRAINING	0	0	0
	Training TOTAL	0	0	0
d. Respite Services	RESPIRE - IN-HOME	0	0	0
	RESPIRE - OTHER	0	0	0
	RESPIRE - OUT-OF-HOME (DAY)	0	0	0
	RESPIRE - OUT-OF-HOME (OVERNIGHT)	0	0	0
	Respite Services TOTAL	0	0	0
e. Supplemental Services	ATTENDANT/PERSONAL CARE	161	6,327	39
	BATHROOM ITEMS	2	317	2
	CHORE	1	6	1
	FLEX	13	10,919	11
	HOMEMAKER	241	14,036	47
	REPAIRS/MAINTENANCE/RENOVATION	1	2,000	1
	TRANSPORTATION	31	16,709	3
	Supplemental Services TOTAL	320	50,313	65
REGISTERED Total Unduplicated		333	50,353	67

These counts come from the Service Provided (225) process that is run for Caregiver plans of care

Continued

Caregiver Reporting – Service Activity Entry, continued

Service Activity Report

Continued

These counts come from values entered in the Service Activity Entry form

2) UNREGISTERED Services				
		Estimated Unduplicated Caregivers	Units of Service	Number of Providers
f. Assistance (Information and Assistance) from tally		3,000	950	3
g. Assistance from CAP		0	0	0
h. Support Groups from tally		0	0	0
i. Public Information Services from tally		35,500	3,200	2
Additional Items				
Items or services purchased with Flex Service Funds:	None Reported			
What percentage of caregivers reported Information received helped to relieve caregiving stress?	95			
What percentage of caregivers reported Assistance increased their access to support services?	95			