

Chapter 36
Additional Time and Effective Dating
Request Forms

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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 submit for approved status.

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

Introduction

Purpose The process of submitting the Additional Time and Effective Dating Request forms online within KAMIS will replace the current process of the Case Manager e-mail and faxing to KDOA several documents for review and approval.

IMPORTANT The case manager's e-mail address must be added to the e-mail field in the Organization Member's page in order for the case manager's name to display in the TCM Name field of the request form.

E-Mail Notifications An automated e-mail notification will be sent from KDOA to the Case Manager when one of the following actions occur:

- Approval of the Request
- Denial of the Request
- Additional or Corrected Information is needed for a determination
- A new or corrected document is needed to be uploaded for a determination

No HIPPA information will be included in this e-mail. The customer's KAMIS ID and the request form date is the only identifying information that will be referenced.

Responding to the E-Mail Notifications When an automated e-mail notification is received requesting action the following steps should be taken:

1. Sign-in to KDOA Web Applications / KAMIS
 2. Search for the appropriate customer (the e-mail will list the customers KAMIS ID).
 3. Access the current UAI/POC that contains the request form needing action.
 4. Enter the requested additional/corrected information in the Additional Notes region or upload the requested/corrected document(s).
-

Customer Case Log When the KDOA Program Manager takes one of the above actions that generates an automated e-mail, the message of the e-mail is also added to the customer case log for future reference and documentation.

Accessing the Forms

Introduction There are two options in accessing the Additional Time and Effective Dating Request forms.

- Through the UAI Assessment
or
- Through the Plan of Care.

Once a form has been created, regardless through which access point the form was created, the form will be available through either the UAI or Plan of Care.

How To Follow the steps in the table below to access the Additional Time and Effective Dating Request forms.

Step	Action	Result
1.	Perform a Person Search to locate the customer.	
2.	Access either the UAI Assessment form or the Plan of Care.	UAI Assessment or the Plan of Care displays.
3.	The form link is located on the following tabs: <ul style="list-style-type: none">• UAI – Customer - Main Tab• POC – Customer Information	

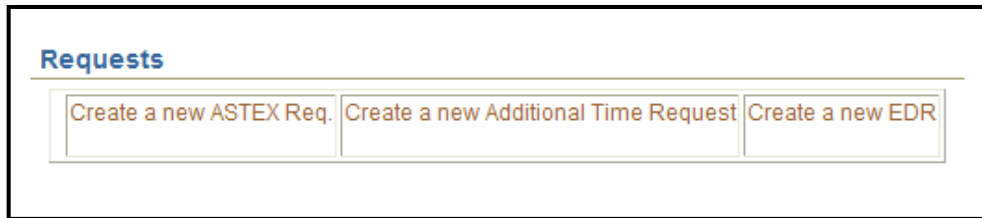
Continued on next page

Accessing the Forms (continued)

How To

continued

Step	Action	Result
4.	Click on the Create a new Additional Time Request and / or Create a new EDR link to open the referenced form.	Form will open in a separate window.



Accessing Existing Request Forms

Introduction Once a form has been created, it can be viewed through either the UAI Assessment or the Plan of Care.

How To Follow the steps in the table below to access an existing Additional Time and Effective Dating Request form.

Step	Action	Result
1.	Perform a Person Search to locate the customer.	
2.	Access the UAI Assessment form or the Plan of Care.	UAI Assessment or the Plan of Care displays.
3.	A table will be displayed listing all request forms by date under the appropriate heading.	NOTE: The form status will be indicated in the link name.
4.	Click on the request link to open the existing referenced form.	Form will open in a separate window.



Additional Time Request – New Form

Initial View

The below screen print is the form prior to any information being entered or created.

User Information

Request Information

Worksheet

Additional Time Request

Request Date: 3/10/2012

Customer Type:

- New HCBSFE Customer
- Convert HCBSFE Customer who now requires time over the maximum allowance
- Convert HCBSFE Customer with approved additional time but requires an increase to the approved amount
- MFJ Customer

Customer Situation: [Text Area]

TCM Name: [SELECT]

Additional Time Worksheet indicates ADL/IDL for which additional time is being requested

Task	Time (Minutes per week)	Reason	Extraordinary Circumstances	Approval Status	Time Authorized (if approved)
<input type="checkbox"/> Dining/Grooming	[]	<input type="checkbox"/> Cognitive impairment in three of four cognition questions (specify if there is comorbidity)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Clothing/ Dressing	[]	<input type="checkbox"/> Stroke with physical limitations (specify the limitations)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Talking	[]	<input type="checkbox"/> SPD from	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Mobility (transfer and walking)	[]	<input type="checkbox"/> Incontinent episodes that require change of clothes (specify frequency)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Eating	[]	<input type="checkbox"/> Stroke with physical limitations (specify limitations)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Meal Preparation	[]	<input type="checkbox"/> Talking schedule every two hours (less frequently during customer's sleeping time specify staffing)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Shopping	[]	<input type="checkbox"/> Use of a mechanical lift is needed	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Accompany to medical work	[]	<input type="checkbox"/> Range of motion exercises (specify exercises)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Housekeeping (laundry)	[]	<input type="checkbox"/> Cognitive impairment in three of four cognition questions leading to continued vomiting or toileting	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
<input type="checkbox"/> Management of medications/treatments	[]	<input type="checkbox"/> Stroke with physical limitations (specify limitations)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time
		<input type="checkbox"/> Choking risk (specify cases)	[]	<input type="radio"/> Approved <input type="radio"/> Denied	Normal and extra time

Caselog and Email Conversation: Case Log Notes and Additional Notes

ATR Controls

Make WORKS PROGRESS | Create this record using ATR | Close Window

Help: unavailable

Additional Time Request – New Form (continued)

Form after Create

The below screen print is the form after the form has been created. Note that the following Regions are now displayed. The required fields and purpose of all form regions are included in this document.

Upload Supporting Documents

Direct Support Workers

Existing ATR's Listing

Case Log and Email

Additional Action Buttons and form status.

Conversation; Case Log Notes and Additional Notes

Additional Time Request Region

Introduction This area of the form is the initial information for the request. It includes the Customer’s KAMIS ID, Name, SSN, Medicaid ID, Primary CME and the Assessment Date.

KAMIS ID: 30000589 Name: SMURF, GEORGIE Primary AAA/CME: 4 SSN: 852-14-5698 Assessment Date: 01/10/2012 Medicaid#: 00112343554

Additional Time Request #166

Request Date: 01/09/2012

Customer Type

- New HCBS/FE Customer
- Current HCBS/FE Customer who now requires time over the maximum allowable
- Current HCBS/FE Customer with approved additional time but requires an increase to the approved amount
- MFP Customer

Customer Situation

Enter detailed information to relay to the Program Manager/Approver the customers situation and the need for the additional time.

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TCM Name: SMURF, PAPA - PAPA SMURFS CARE <STEVE.HANSEN@AGING.KS.GOV> NOTE: Email for Case Manager must be entered in Organization Member within KAMIS

Field	Required / Purpose
Request Date	Required – Autofills with current date.
Customer Type	Required
Customer Situation	Required – Enter detailed information to relay the customer’s situation and the need for the additional time.
TCM Name	Required – The case manager’s e-mail address must be added to the e-mail field in the Organization Member’s page in order for the case manager’s name to display in the TCM Name field of the request form.

Additional Time Worksheet Region

Introduction This area of the form is the worksheet that indicates the ADL or IADL's that require additional time.

Additional Time Worksheet Indicate ADL/IADL for which additional time is being requested

Display all lines Hide unused lines

	Total Time (Minutes per week)	Reason	Extraordinary Circumstances	Approved/ Denied	Time Authorized (If approved)
<input type="checkbox"/> Bathing /Grooming	<input type="text"/>	<input type="checkbox"/> Cognitive impairment in three of four cognition questions (specify if there is combativeness) <input type="checkbox"/> Stroke with physical limitations (specify the limitations)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Dressing /Undressing	<input type="text"/>	<input type="checkbox"/> TED hose <input type="checkbox"/> Incontinent episodes that require change of clothes (specify frequency) <input type="checkbox"/> Stroke with physical limitations (specify limitations)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Toileting	<input type="text"/>	<input type="checkbox"/> Toileting schedule every two hours (less frequently during customer's sleeping time-specify staffing)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Mobility (transfer and walking)	<input type="text"/>	<input type="checkbox"/> Use of a mechanical lift is needed <input type="checkbox"/> Range of motion exercises (specify exercises)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Eating	<input type="text"/>	<input type="checkbox"/> Cognitive impairment in three of four cognitive questions leading to continued reminding or total feeding <input type="checkbox"/> Stroke with physical limitations (specify limitations) <input type="checkbox"/> Choking risk (specify cause)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Meal Preparation	<input type="text"/>		<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Shopping	<input type="text"/>		<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Accompany to medical appts	<input type="text"/>	<input type="checkbox"/> Cognitive impairment in three of four cognition questions <input type="checkbox"/> Mobility LOC score of three or four <input type="checkbox"/> No family or friends	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Housekeeping /Laundry	<input type="text"/>	<input type="checkbox"/> Incontinent or doing laundry frequently (specify number of loads and frequency) <input type="checkbox"/> Laundry facilities outside of home or apartment complex	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)
<input type="checkbox"/> Management of medications /treatments	<input type="text"/>	<input type="checkbox"/> Prescribed treatments <input type="checkbox"/> Wound care (specify treatment) <input type="checkbox"/> Health maintenance activities beyond normal medication set-up and administration (specify tasks)	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	(approve and echo time)

Field	Required / Purpose
Display all lines / Hide unused lines Radio Button	Default is to show all lines. This area is best used when reviewing a saved, completed ATR.
Total Time – Must be in Minutes	Required – If the ADL/IADL box is checked.
Reason	Either one of the check boxes need to selected or an entry must be made in the Extraordinary Circumstances field.
Extraordinary Circumstances	Required – For the Meal Preparation and Shopping options. Required – If no Reason checkboxes are selected for the ADL/IADL box checked

Direct Support Workers Region

Introduction This area of the form is the listing of any Direct Support Workers. This region is not required.

Direct Support Workers Click "Add Row" to start new entry; enter data and "Submit" when done. Check box at left and click "Delete" to remove an entry.

Add Row

No known DSWs.

Direct Support Workers Click "Add Row" to start new entry; enter data and "Submit" when done. Check box at left and click "Delete" to remove an entry.

Add Row

Direct Support Worker	Relationship	Live With?	Notes
<input type="checkbox"/> Surfette	NIECE	No	

To add an entry, click on the **Add Row** button. A table row will display. Once all workers are entered, click the **Submit** button to save. If there is a row entered, below is the fields required and the purpose.

Field	Required / Purpose
Name of Direct Support Worker	Required
Relationship	Required
Live With?	Required
Notes	Not Required

Existing ATR's Listing

Introduction This area of the form will list any ATR's that have been submitted for the customer.

Existing ATRs for this customer

ATR #	Status	Added / By
166	Work in Progress / Unprocessed	01/09/2012 / TRAININGUSER

Case Log and Email Region

Introduction This area of the form allows additional comments to be added to the case log regarding the ATR.

NOTE: The E-Mail function of this region is one way from KDOA to the Case Manager. The entry from KDOA will go into an e-mail as well as be posted to the Case Log.

There will be an automated entry into the Case Log regarding the submission of the ATR as well as the Approval/Denial of the ATR.

This region is not required.

Caselog and Email

Caselog Entry (Will be posted to Caselog and emailed to the CM as part of Process & Save)

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Actual Case Log:

CASE LOG

Person Admin 5
Person Forms 30
QR Print View 90
Case Log 62
Customer Referral ee1

Add Case Log Entry

* Author Search (Last, First)

* Case Manager

* Comments

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Author	Case Manager	Comment	Date (desc)	Added By	seq
DEBYZIMMERMAN	SMURF, PAPA	PAPA SMURF from DEBYZIMMERMAN - K30000589, Additional Time Request, Assessment dated 01/10/2012: This would be an additional note for the Caselog and it will also be E-Mailed to the Case Manager. --- ATR #166 status is Completed/Yes, Approved as of 01/09/2012 12:26 --- ATR Approved Bathing/Grooming APPROVED for 180 Dressing/Undressing APPROVED for 240	01/09/2012	DEBYZIMMERMAN	2
TRAININGUSER	SMURF, PAPA	PAPA SMURF from TRAININGUSER - K30000589, Additional Time Request, Assessment dated 01/10/2012: Any comments entered in this area will be reflected in the CaseLog. There will be an automated statement of "ATR Submitted" with the date that will also be refelected in the Case Log. --- ATR #166 status is Submitted For Approval/Unprocessed as of 01/09/2012 10:10	01/09/2012	TRAININGUSER	1

row(s) 1 - 2 of 2

Conversation; Case Log Notes and Additional Notes Region

Introduction This area is new to the ATR form. This region represents a filtered listing from the Customer Case log regarding only ATR's. If there are other entries in the Case Log, POC changes, EDR's, etc., those entries will not be included in the region.




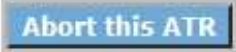
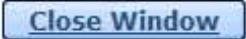

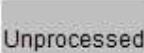
Conversation; Case Log Notes and Additional Notes	
01/09/2012 12:26:41 PM Case Log Entry from KDOA:	<u>PAPA SMURF from DEBYZIMMERMAN - K30000589, Additional Time Request, Assessment dated 01/10/2012</u> This would be an additional note for the Caselog and it will also be E-Mailed to the Case Manager. --- ATR #166 status is Completed/Yes, Approved as of 01/09/2012 12:26 --- ATR Approved Bathing/Grooming APPROVED for 180 Dressing/Undressing APPROVED for 240
01/09/2012 10:10:42 AM Case Log Entry from CM:	<u>PAPA SMURF from TRAININGUSER - K30000589, Additional Time Request, Assessment dated 01/10/2012</u> Any comments entered in this area will be reflected in the CaseLog. There will be an automated statement of "ATR Submitted" with the date that will also be refelected in the Case Log. --- ATR #166 status is Submitted For Approval/Unprocessed as of 01/09/2012 10:10

Conversation Mode The listing will display in a conversation style. The Yellow highlighted text is from the Case Manager. The Blue highlighted test is from KDOA.

The underlined text is the automated entry when an action is taken with the ATR.

Action Buttons and Request Status Region

Introduction This area of the form is at the bottom of the window. It contains all the action buttons and the status of the ATR.

Button	Action
	Button displays only until the ATR has been created.
	Button displays after the ATR was created. It will save the changes but will not submit the ATR to KDOA.
	Button displays after the ATR was created. It will save the changes and submit the ATR to KDOA.
	Button displays after the ATR was created. It will abort the ATR either before or after it has been submitted to KDOA. If the ATR has been completed (POC has been entered and approved) it cannot be aborted.
	Button will close the ATR window without saving.
Status Indicator line:	
Status  	

Additional Time Request – Submitted Form

Completed Form Window

The below screen print is the form after all required information has been entered and the form has been submitted for approval.

Additional Time Request - Windows Internet Explorer

174.100.100.100

NAME ID: 3002559 Name: SMITH, GEORGE Priney AACHIE: 4 SSN: 852-34-8588 Assessment Date: 3/1/2012 Medical# 001204354

Additional Time Request #150

Request Date: 3/1/2012
 Customer Type: Customer/COB/ETC Customer who now requires time per the treatment plan/needs
 Customer Situation: User entered information in order to the Program Manager/over the customer's situation and the need for the additional time.
 TCM Name: SMITH, GEORGE Priney SMITH, GEORGE Priney AACHIE: 4 SSN: 852-34-8588 Assessment Date: 3/1/2012 Medical# 001204354

Supporting Documentation

Name	Added By
3/1/2012 10:10:42 AM	TRANEKUSER

Existing ATRs for this customer

ATR #	Status	Added By
150	Submitted for Approval / Unapproved	3/1/2012 / TRANEKUSER

Direct Support Workers

DSW: [None] (None) (None) (None) (None) (None)
 Jurisdiction: [None] (None)

Additional Time Worksheet include ALL/NO, for which additional time is being requested

Show all lines Hide approved lines

	Total Time (minutes per week)	Reason	Circumstances	Approved/Denied	Time submitted for approval
Bathing	30	Cognitive impairment in three of four cognitive questions (specify if there is combative/verbal) State with physical limitations (specify the limitations)		Approved	3/1/2012 10:10:42 AM
Counting				Denied	
Dressing	30	TED food incident episodes that require change of clothes (specify frequency) State with physical limitations (specify limitations)		Approved	3/1/2012 10:10:42 AM
Appearance				Denied	
Talking		Talking schedule every two hours (less frequently during customer's sleeping time-spend) staffed		Approved	3/1/2012 10:10:42 AM
Mobility (walker and walking)		Use of a mechanical lift is needed Range of motion exercises (specify exercises)		Approved	3/1/2012 10:10:42 AM
Eating				Denied	
Medication		Cognitive impairment in three of four cognitive questions leading to continued vomiting or total feeding State with physical limitations (specify limitations) Dieting plan (specify tasks)		Approved	3/1/2012 10:10:42 AM
Prevention				Denied	
Shopping				Approved	3/1/2012 10:10:42 AM
Accompany to medical appointments		Cognitive impairment in three of four cognitive questions Mobility LOC scores of three or four No family or friends		Approved	3/1/2012 10:10:42 AM
Housekeeping/Laundry		Incontinent or doing laundry frequently (specify number of loads and frequency) Laundry facilities outside of home or apartment complex		Approved	3/1/2012 10:10:42 AM
Management of medications/treatments		Prescribed treatments Round care (specify treatment) Health maintenance activities beyond normal medication set up and administration (specify tasks)		Approved	3/1/2012 10:10:42 AM
				Denied	

Case Log and Email

Entry posted to Case Log and Email sent on 01/09/2012 10:10:42 AM

Conversation, Case Log Note and Additional Notes

3/1/2012 10:10:42 AM
 Case Log Entry
 User: GM

TRANEKUSER from TRANEKUSER - a successful Additional Time Request, Assessment Date 3/1/2012
 No comments entered in this area will be reflected in the Case Log. There will be an automated statement of ATR Submitted with the case that will also be reflected in the Case Log. ATR #150 Status is Submitted For Approval/Unapproved as of 3/1/2012 10:10

ATR Controls

Status: SUBMITTED FOR APPROVAL Unapproved

[Close Window]

Added 3/1/2012 by TRANEKUSER, Modified 3/1/2012 by TRANEKUSER
 Not for processing by HCOA

Effective Dating Request – New Form

Initial View The below screen print is the form prior to any information being entered or created.

The screenshot shows a web browser window titled "Effective Dating Request - Windows Internet Explorer". The address bar shows "https://ks.gov". The page content includes the following fields and options:

- KAMS #**: 30000589
- Name**: GEORGIE SMURF
- SSN**: 852145698
- PSA**: 4
- DEPT/NUMBER**: (empty)
- Effective Dating Request #**: (empty)
- KAMS #**: 30000589
- Medicaid #**: 00112342554
- Start EDR**: (empty)
- Description**: (empty text area)
- POC Cost**: (empty)
- EDR Reasons**:
 - Customer is going to be discharged from a hospital or nursing facility AND needs services to begin immediately
 - The BRS Medicaid Eligibility Worker is unable to modify the KACSES/MMS coding due to computer related problems
 - Customer currently resides in an HCBSFE enrolled ALF, RHCF, HP, BC Home, or nonmedical Resident Care Facility and needs to begin, add, or increase services immediately
 - Customer moves into an HCBSFE enrolled ALF, RHCF, HP, BC Home, or a nonmedical Resident Care Facility on a weekend or a holiday
 - Customer or representative has signed choice form, TCM authorized provided services and error occurred (attach documentation); then the change to the POC effective date may be approved by TCM Prog Mgr
- HCBSFE Services**:
 - Adult Day Care
 - Assistive Technology
 - Abundant Care Services (level I, level II, level III, and UD)
 - Comprehensive Support (and UD)
 - Financial Management Services
 - Home Telehealth (and install)
 - Medication Reminder
 - Nursing Evaluation Visit
 - Oral Health Services
 - Personal Emergency Response (and install)
 - Sleep Cycle Support
 - Wellness Monitoring
- ATR**:
 - Yes
 - No
- Required?**: If Yes, the ATR must be processed before submitting EDR.
- Case Manager Note**: Case Manager data is added/changed in KAMS
- Select CM**: (dropdown menu)
- Status**: (empty)
- Buttons**: "Create New EDR" and "Close Window"

Effective Dating Request – New Form (continued)

Form after Create

The below screen print is the form after the form has been created. Note that the following Regions are now displayed. The required fields and purpose of all form regions are included in this document

Upload Supporting Documents

Case Log and Email

Additional Action Buttons and form status

Filtered Case Log Notes

Effective Dating Request Region

Introduction This area of the form is the detailed information for the EDR.

Kamis # 30000589 Name: GEORGIE SMURF SSN: 852145698 PSA: 4
 DEBYZIMMERMAN

Effective Dating Request #52

KAMIS # 30000589
 Medicaid # 00112343554
 Start Eff Dt 01/15/2012

Description: Enter the reason the Effective Dating Request (EDR) is required.
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POC Cost: 1500

EDR Reasons

- Customer is going to be discharged from a hospital or nursing facility AND needs services to begin immediately
- The SRS Medicaid Eligibility Worker is unable to modify the KAECSES/MMIS coding due to computer related problems
- Customer currently resides in an HCBS/FE enrolled ALF, RHCF, HP, BC Home, or nonmedical Resident Care Facility and needs to begin, add, or increase services immediately
- Customer moves into an HCBS/FE enrolled ALF, RHCF, HP, BC Home, or a nonmedical Resident Care Facility on a weekend or a holiday
- Customer or representative has signed choice form, TCM authorized provided services and error occurred (attach documentation), then the change to the POC effective date may be approved by TCM Prog Mgr

HCBS/FE Services

- Adult Day Care
- Assistive Technology
- Attendant Care Services (level I, level II, level III, and UD)
- Comprehensive Support (and UD)
- Financial Management Services
- Home Telehealth (and install)
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Emergency Response (and install)
- Sleep Cycle Support
- Wellness Monitoring

ATR: Yes No
 Required? Yes, the ATR must be processed before submitting EDR

Case Manager Note: Case Manager data is added/changed in KAMIS
 SMURF, PAPA - PAPA SMURFS CARE <STEVE.HANSEN@AGING.KS.GOV>

Field	Required / Purpose
Start Eff Dt	Required – This is the start date for the services.
Description	Required – Enter detailed information to relay the customer’s situation and the need for the Effective Dating.
POC Cost	Required – The monthly cost of the POC including the ACCC line.
EDR Reasons	Required – Select the reason that is causing the need for Effective Dating.
HCBS/FE Services	Required – Select the service(s) which are to be added or increased.
ATR Required?	Required – Select the correct radio button. No is the default.
TCM Name	Required – The case manager’s e-mail address must be added to the e-mail field in the Organization Member’s page in order for the case manager’s name to display in the TCM Name field of the request form.

ATR Records

Introduction This area of the form will list any ATR's that have been submitted for the customer. The number under the ATR # column is a link that will open the ATR.

ATR Records		
ATR #	Status	Added / By
166	Completed / Yes, Approved	01/09/2012 / TRAININGUSER

Case Log and Email Region

Introduction This area of the form allows additional comments to be added to the case log regarding the EDR.

NOTE: The E-Mail function of this region is one way from KDOA to the Case Manager. The entry from KDOA will go into an e-mail as well as be posted to the Case Log.

There will be an automated entry into the Case Log regarding the submission of the EDR as well as the Approval/Denial of the EDR.

This region is not required.

Caselog and Email

Caselog Entry (Will be posted to Caselog and emailed to the CM as part of Process & Save)

0 of 2000

Actual Case Log:

CASE LOG

Person Admin
Person Forms
Case Log
Customer Referral

Add Case Log Entry

0 of 2000

Author	Case Manager	Comment	Date (YYYY)	Added By	Seq
DEBYZIMMERMAN	SMURF, PAPA	EDR #52 for 30000589. EDR has been Approved. This is from KDOA and will be posted into the Case Log and the e-mail will be sent to the Case Manager.	01/09/2012	DEBYZIMMERMAN	4
TRAININGUSER	SMURF, PAPA	EDR #52 for 30000589. EDR has been Submitted For Approval. Entering additional information that will be posted in the Case Log. No E-Mail will be sent to KDOA. The E-Mail function is only from KDOA to the Case Manager.	01/09/2012	TRAININGUSER	3
DEBYZIMMERMAN	SMURF, PAPA	PAPA SMURF from DEBYZIMMERMAN - K30000589, Additional Time Request Assessment dated 01/10/2012. This would be an additional note for the Caselog and it will also be E-Mailed to the Case Manager. --- ATR #166 status is Completed/Yes, Approved as of 01/09/2012 12:26 --- ATR Approved Bathing/Grooming APPROVED for 180 Dressing/Undressing APPROVED for 240	01/09/2012	DEBYZIMMERMAN	2
TRAININGUSER	SMURF, PAPA	PAPA SMURF from TRAININGUSER - K30000589, Additional Time Request Assessment dated 01/10/2012. Any comments entered in this area will be reflected in the CaseLog. There will be an automated statement of "ATR Submitted" with the date that will also be reflected in the Case Log. --- ATR #166 status is Submitted For Approval/Unprocessed as of 01/09/2012 10:10	01/09/2012	TRAININGUSER	1

row(s) 1 - 4 of 4

Filtered Case Log Notes

Introduction This region represents a filtered listing from the Customer Case log regarding only EDR's. If there are other entries in the Case Log, POC changes, ATR's, etc., those entries will not be included in the region.


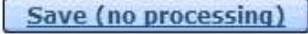

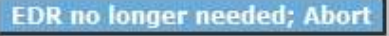



Post to Case Log / Filtered Case Log Notes	
Email	Case Log Entry
01/09/2012 04:09:33 PM (from KDOA)	<u>EDR #52 FOR 30000589. EDR has been Approved</u> This is from KDOA and will be posted into the Case Log and the e-mail will be sent to the Case Manager.
01/09/2012 03:06:35 PM (from CM)	<u>EDR #52 for 30000589. EDR has been Submitted For Approval</u> Entering additional information that will be posted in the Case Log. No E-Mail will be sent to KDOA. The E-Mail function is only from KDOA to the Case Manager.

Conversation Mode The listing will display in a conversation style. The Yellow highlighted text is from the Case Manager. The Blue highlighted text is from KDOA.

The underlined text is the automated entry when an action is taken with the EDR.

Action Buttons and Request Status Region

Introduction This area of the form is at the bottom of the window. It contains all the action buttons and the status of the EDR.

Button	Action
	Button displays only until the EDR has been created.
	Button displays after the EDR was created. It will save the changes but submit the EDR to KDOA.
	Button displays after the ATR was created. It will save the changes but submit the EDR to KDOA.
	Button displays after the EDR was created. It will abort the EDR either before or after it has been submitted to KDOA. If the EDR has been completed (POC has been entered and approved) it cannot be aborted.
	Button will close the EDR window without saving.
Status Indicator line:	
Status  	

Effective Dating Request – Submitted Form

Completed Form Window The below screen print is the form after information has been entered and the form has been submitted for approval.

Effective Dating Request #52

KNOX # 30000589
 Medicaid # 90112243264
 - Stat EDR ID 01/09/2012

Description: Enter the reason the Effective Dating Request (EDR) is required.

POC Care #555

EDR Reasons:

- Customer is going to be discharged from a hospital or nursing facility AND needs services to begin immediately
- The SRS Medicaid Eligibility Worker is unable to modify the KVAECRESARRIS coding due to computer related problems
- Customer currently resides in an HCSDFE accredited ALF, RHC, HP, BC Home, or nonmedical Resident Care Facility and needs to begin, add, or increase service immediately
- Customer moves into an HCSDFE accredited ALF, RHC, HP, BC Home, or a nonmedical Resident Care Facility on a weekend or a holiday
- Customer or representative has signed choice form, YCM authorized provided services and error occurred (attach documentation). Wait for change to the POC effective date may be approved for TCM Prog Mgr

HCSDFE Services:

- Adult Day Care
- Assistive Technology
- Attendant Care Services (Level I, Level II, Level III, and ICD)
- Comprehensive Support (and ICD)
- Financial Management Services
- Home Telehealth (and ICD)
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Emergency Response (and ICD)
- Sleep Cycle Support
- Wellness Monitoring

ATR: Yes No

Required? If Yes, the ATR must be processed before submitting EDR

Case Manager Name: Case Manager (Date is same as manager) 01/09/2012
 SMURF, PAPA, PAPA SMURFS CARE-HSTEDEHMBENQADNLSKJSDN

Post to Case Log / Email
 Posted to Caselog, and any KDOA-to-CM Email sent:
 01/09/2012 03:06:35 PM

Case Log History

Entry Date	Case Log Date
01/09/2012 03:06:35 PM	01/09/2012 03:06:35 PM

01/09/2012 03:06:35 PM
 (From CM) EDR #52 for 20120109. EDR has been Submitted for Approval. Creating additional information that will be added to the Case Log. No Email will be sent to KDOA. The Email function will not KDOA to the Case Manager.

File Upload – Attaching File

Introduction For approval determination, the following types of documents are required to be uploaded into KAMIS.

- **Additional Time Request:**
 - Clock Draw Page of the UAI Assessment (Page 4)
 - Paper version Plan of Care
 - Customer Service Worksheet

- **Effective Dating Request:**
 - Not Required

The Upload File frame only displays after the form has been created.

IMPORTANT The name of the file to be uploaded needs to be in acrobat reader format (PDF) or in a graphic format (JPG, GIF). Do not include the following characters in the name of the actual file name or in the upload name:

&

*

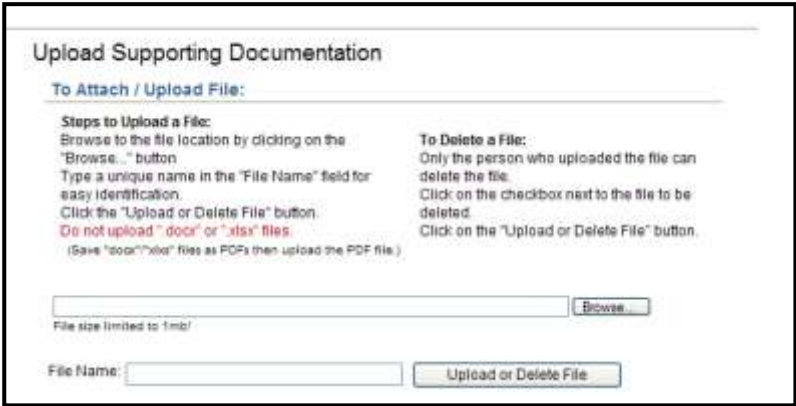
#

' (single quote)

" (double quote)

File Upload – Attaching File (continued)

How to Follow the steps below to attach a file to a specific request form.

Step	Action	Result										
1.	The Upload file application will display on the right side of the request window.											
												
2.	Click on the Browse button	Choose File to Upload dialog box displays.										
3.	Browse to the saved document to be attached. Documents must be saved first.	For best results attach only the following type of documents:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Document Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Word</td> <td>Convert documents to pdf before attaching **</td> </tr> <tr> <td>Excel</td> <td>Convert documents to pdf before attaching **</td> </tr> <tr> <td>PDF (Acrobat)</td> <td>Attach with no additional steps needed</td> </tr> <tr> <td>Graphics</td> <td>Attach JPG or GIF type graphics – do not attach TIF (Electronic FAX) files</td> </tr> </tbody> </table> <p>**Office 2007 and 2010 has a save as option to save files to a pdf format. There are freeware products available to convert files to a pdf format. However, caution should be used when installing and using freeware products.</p>			Document Type	Action	Word	Convert documents to pdf before attaching **	Excel	Convert documents to pdf before attaching **	PDF (Acrobat)	Attach with no additional steps needed	Graphics	Attach JPG or GIF type graphics – do not attach TIF (Electronic FAX) files
Document Type	Action											
Word	Convert documents to pdf before attaching **											
Excel	Convert documents to pdf before attaching **											
PDF (Acrobat)	Attach with no additional steps needed											
Graphics	Attach JPG or GIF type graphics – do not attach TIF (Electronic FAX) files											
4.	On the Choose File to Upload dialog box, click on Open button	File is selected and entered into the Upload File field.										
5.	Enter a Name in the File Name field.	Use an identifying name of the file. i.e. – CSW; POC; etc.										

Continued on next page

File Upload – Attaching File (continued)

How to *continued*

Step	Action	Result												
6.	Click on the Post/Delete File button	Completes the upload. Table of the attached file(s) is displayed.												
<div style="border: 1px solid black; padding: 10px;"> <p>Upload Supporting Documentation</p> <p>To Attach / Upload File:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Steps to Upload a File: Browse to the file location by clicking on the "Browse..." button Type a unique name in the "File Name" field for easy identification. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)</p> </div> <div style="width: 45%;"> <p>To Delete a File: Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the "Upload or Delete File" button.</p> </div> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="button" value="Browse..."/> <p style="font-size: small; margin-top: 5px;">File size limited to 1mb!</p> </div> <div style="margin-top: 10px;"> <p>File Name: <input type="text"/> <input type="button" value="Upload or Delete File"/></p> </div> <p>Attached / Uploaded Files</p> <p style="font-size: x-small;">Application: ATR104206 Id: 166</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffff00;">name</th> <th style="background-color: #ffff00;">delete</th> <th style="background-color: #ffff00;">size</th> <th style="background-color: #ffff00;">source</th> <th style="background-color: #ffff00;">added</th> <th style="background-color: #ffff00;">by</th> </tr> </thead> <tbody> <tr> <td>paperwork</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>212,386</td> <td>POC.pdf</td> <td>01/09/2012 09:58:29</td> <td>TRAININGUSER</td> </tr> </tbody> </table> </div>			name	delete	size	source	added	by	paperwork	<input type="checkbox"/>	212,386	POC.pdf	01/09/2012 09:58:29	TRAININGUSER
name	delete	size	source	added	by									
paperwork	<input type="checkbox"/>	212,386	POC.pdf	01/09/2012 09:58:29	TRAININGUSER									
<p>Note: If the single file is too large (1 mg or 1,000 kb) a warning notice will be displayed that the file was too large and was deleted.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="font-size: small;">N File too large. Deleted. Files must be less than 1mb is size! 12/14/09 11:49:14 AM</p> </div>														
7.	Repeat until all required documents are attached to the form.													

File Upload – Viewing File

Introduction All attached files can be viewed once uploaded to the form.

How to Follow the steps below to view an attached file.

Step	Action	Result												
1.	Select the form from the listing.	The form will open in a separate window. In the bottom frame, the table will display all the attached files.												
<div style="border: 1px solid black; padding: 10px;"> <p>Upload Supporting Documentation</p> <p>To Attach / Upload File:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Steps to Upload a File: Browse to the file location by clicking on the "Browse..." button Type a unique name in the "File Name" field for easy identification. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)</p> </div> <div style="width: 45%;"> <p>To Delete a File: Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the "Upload or Delete File" button.</p> </div> </div> <div style="margin-top: 10px;"> <input style="width: 100%;" type="text"/> Browse... </div> <p style="font-size: small;">File size limited to 1mb!</p> <p>File Name: <input style="width: 150px;" type="text"/> Upload or Delete File</p> <p>Attached / Uploaded Files</p> <p>Application: ATR104208 Id: 168</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffff00;">name</th> <th>delete</th> <th>size</th> <th>source</th> <th>added</th> <th>by</th> </tr> </thead> <tbody> <tr> <td>paperwork</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>212,388</td> <td>POC.pdf</td> <td>01/09/2012 09:58:29</td> <td>TRAININGUSER</td> </tr> </tbody> </table> </div>			name	delete	size	source	added	by	paperwork	<input type="checkbox"/>	212,388	POC.pdf	01/09/2012 09:58:29	TRAININGUSER
name	delete	size	source	added	by									
paperwork	<input type="checkbox"/>	212,388	POC.pdf	01/09/2012 09:58:29	TRAININGUSER									
2.	Click on the file name	"paperwork" in the above example.												

Continued on next page

File Upload – Viewing File (continued)

How to *continued*

Step	Action	Result
3.	The document will open in a separate window.	
<p>The screenshot shows a Windows Internet Explorer browser window displaying a worksheet titled "KANSAS DEPARTMENT ON AGING – CUSTOMER SERVICE WORKSHEET". The worksheet is for a customer named Judy Jetson, with address 101 Skyway Avenue, City Topeka, Zip 66601. It includes fields for County (SH), Phone # (785-294-4587), Relationship (Brother), DOB (07/01/1945), Billing ID#, and Ab. Phases. The main table lists activities of daily living with checkboxes for Total Assist, Physical Assist, Supervise, and Customer choice. Services listed include Bathing/Grooming (ALLOW 1.5 HRS/WEEK), Dressing/Undressing (ALLOW 3.5 HRS/WEEK), Toileting (ALLOW 5.25 HRS/WEEK), and Transfer (ALLOW 5.25 HRS/WEEK). The worksheet also includes sections for Special Needs and Other information.</p>		
4.	To return to the Application, click on the "X" to close the separate browser window.	

File Upload – Deleting File

Introduction Any attached files can be deleted by the person who attached the file to the form.

How to Follow the steps below to delete an attached file.

Step	Action	Result												
1.	Select the form from the listing.	The form will open in a separate window. In the bottom frame, the table will display all the attached files.												
<div style="border: 1px solid black; padding: 10px;"> <p>Upload Supporting Documentation</p> <p>To Attach / Upload File:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Steps to Upload a File: Browse to the file location by clicking on the "Browse..." button Type a unique name in the "File Name" field for easy identification. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)</p> </div> <div style="width: 45%;"> <p>To Delete a File: Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the "Upload or Delete File" button.</p> </div> </div> <div style="margin-top: 10px;"> <input type="text"/> Browse... <small>File size limited to 1mb!</small> </div> <div style="margin-top: 10px;"> File Name: <input type="text"/> Upload or Delete File </div> <p>Attached / Uploaded Files</p> <p><small>Application: ATR104208 Id: 188</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffff00;">name</th> <th style="background-color: #ffff00;">delete</th> <th style="background-color: #ffff00;">size</th> <th style="background-color: #ffff00;">source</th> <th style="background-color: #ffff00;">added</th> <th style="background-color: #ffff00;">by</th> </tr> </thead> <tbody> <tr> <td>paperwork</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>212,388</td> <td>POC.pdf</td> <td>01/09/2012 09:58:29</td> <td>TRAININGUSER</td> </tr> </tbody> </table> </div>			name	delete	size	source	added	by	paperwork	<input type="checkbox"/>	212,388	POC.pdf	01/09/2012 09:58:29	TRAININGUSER
name	delete	size	source	added	by									
paperwork	<input type="checkbox"/>	212,388	POC.pdf	01/09/2012 09:58:29	TRAININGUSER									
2.	Click on the check box under the delete column. Click the Post/Delete File button.	File is deleted from the form.												

Closing a Request Form

Introduction The Request forms are launched in a separate window. Therefore, KAMIS is still available in the background.

How to Follow the steps below to close the request form.

Step	Action	Result
1.	To close the request form, simply click on the "X" of the form browser window.	Window will close.

