

Chapter 37 – Functional Assessment Instrument (FAI) Form

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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.

Overview of Form Format

Introduction

The Functional Assessment Instrument (FAI) has three divisions which represent the three HCBS waivers, Frail Elderly (FE), Physically Disabled (PD) and Traumatic Brain Injury (TBI), which the FAI is performed.

KAMIS follows the paper form in the following way:

Page 1: Same for all waivers. The information is located within KAMIS Person Administration and on the Customer navigation tab of the FAI.

Page 2, Page 2a and Page 2b: Different pages for each waiver. Within KAMIS, selecting the Waiver Type on the Customer – Main navigation tab will display the corresponding fields for the specified waiver.

Person Administration Requirements

Introduction According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status Personal Admin Tab / Name Secondary Tab:

- NAME (first) (middle) (last)*** – Customer Legal Name
- Date of Birth***
- SSN***
- Marital Status***
- Gender***
- Veteran***
- Spouse of Veteran***
- Receive Veteran Benefits***
- Ethnicity***
- Race***
- Speaks*** – Defaults to English
- Reads*** – Defaults to English
- Understands Only*** – Defaults to English

Address Details Tab:

Needs to have the Address Type of ***Residence***

- Street***
- City***
- County*** – If out of state – use County "ZZ"
- State*** – If out of country – use State "ZZ"
- Zip***
- Residence*** – Rural or Urban

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

Customer Information Heading

Introduction The customer heading displays certain information regarding the customer.

Indicates the Primary ADRC organization, and any customer shares (secondary) to other organizations.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE (Not on WL) Assessment Nbr: 30001563 more...

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 more...



Clicking on the link will access the Waiting List Detail page

Click on the “more...” link to view the current demographic information of the customer.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 [more...](#)

DOB	Gender FEMALE	SSN 258-95-1357	Medicaid Nbr
Address 503 STREET TOPEKA, KS 66601-	County SHAWNEE	Location URBAN	
Home Phone 785-555-6666	Work Phone 785-666-4444	Cell Phone 785-999-8888	
Ethnicity NOT HISPANIC OR LATINO	Race NATIVE HAWIAN OR OTHER PACIFIC ISLANDER		

[FAI - Functional Assessment Instrument](#)

Functional Assessment Instrument For Frail Elderly (FE) Waiver

Customer Navigation Tab – Main

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

Form Reference Page 1 of the Functional Assessment Instrument (FAI) form.

**Main
Secondary
Navigational
Tab**

FAI - Functional Assessment Instrument

1 Customer 201 | 2 Functional Assessment 209 | Print View

Main 201 | Demographics 202

* Waiver Type Select Type ▾

* Form Status WORK IN PROGRESS

* Organization 6 - SOUTHWEST KANSAS AAA

Assessor Search (Last, First) [enter]

* Assessor -- ▾

Assessor Phone

* Assessment Date

*** Req Disaster Red Flag**

Electric

Physical Impairment

Medication Assist

Cognitive/MH issues

No Informal Support

None

Save

Required Fields All fields displayed on this page are required in order to save the assessment as work in progress.

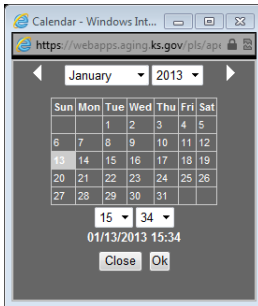
Selecting the appropriate Waiver type will display the corresponding fields for the specified waiver.

Customer Navigation Tab – Main (Continued)

Assessment Date

FAI requires entry of the date and time the assessment was done. This requirement is due to any waiting list for services that may be in force.

The format is MM/DD/YYYY for the date and the 24 hour clock format for the time.



Click on the calendar icon next to the field to display the calendar/time.

Click on the date in the calendar and select the time using the drop down fields.

Click on OK. The entry will be displayed in the field.

Form Status

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

Assessor Selection

To select an assessor, type in the full or partial name and press the enter key. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.



* Form Status:	WORK IN PROGRESS
Assessor Search (Last, First)	SPA
* Assessor	SPACELY, COSMO - 50000037 DEBY HOME CARE SPAIN, NORMAN - 3132 WAMEGO SR CTR SPALDING, AMANDA - 6142 HOLTON SR CTR
* Assessment Date (mm/dd/yyyy):	

Customer Navigation Tab – File Upload & Additional Notes

Introduction Once the FAI is created by saving the Customer – Main page, two additional regions will be displayed.

[Attachments and File Upload\(0\)](#) (Use to attach a document (JPEG, PDF, ...) to this assessment.)

Additional Notes

Display Only Un-Read Notes Yes No

[Post Additional Information](#)

Attachments and File Upload

Click on the blue link and a separate window will display. Follow the instruction on this page to upload documents associated with this Customers FAI.

To Attach / Upload File:

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.)

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.

File size limited to 1mb! [Browse...](#)

File Name: [Upload or Delete File](#)

Attached / Uploaded Files

Application: FAI Id: 30001563

name	delete	size	source	added	by
------	--------	------	--------	-------	----

Continued on next page

Customer Navigation Tab – File Upload & Additional Notes (Continued)

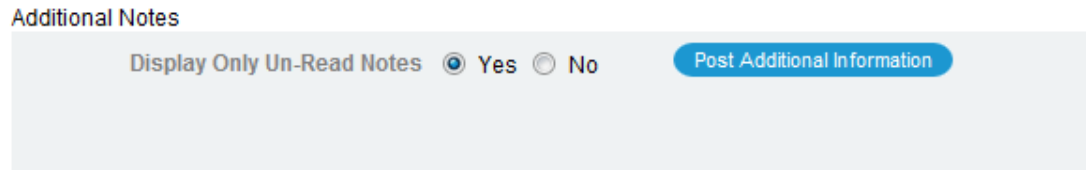
Additional Notes

To enter additional notes regarding this Customers FAI that may happen after the assessment was completed and data entered.

Click on the Post Additional Information button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

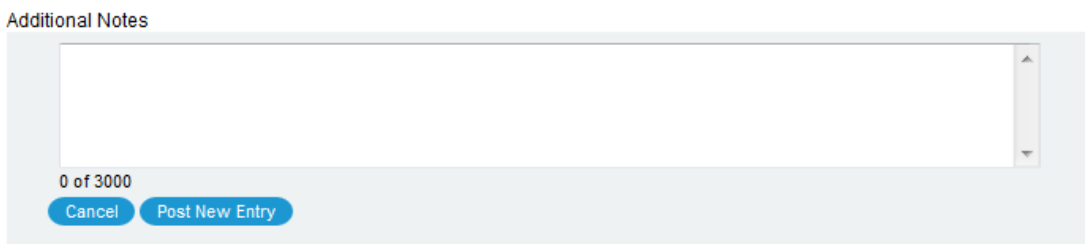


Enter the information

Additional Notes

0 of 3000

Cancel Post New Entry



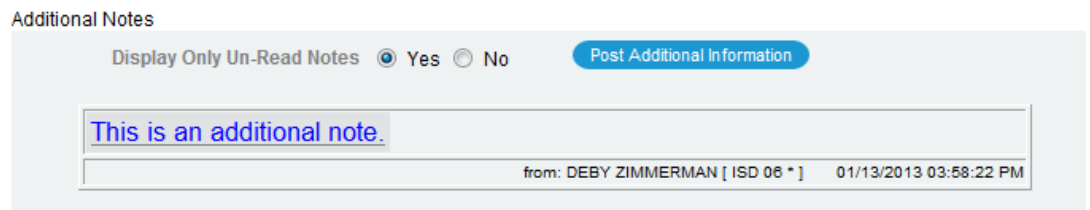
Click on the Post New Entry button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

This is an additional note.

from: DEBY ZIMMERMAN [ISD 06 *] 01/13/2013 03:58:22 PM



The note will be displayed with the name of who posted the note and the organization they are associated with along with the date and time.

Customer Navigation Tab – Demographics

Form Reference

Page 1 of the Functional Assessment Instrument (FAI) form

Demographic Secondary Navigational Tab

The screenshot shows the 'FAI - Functional Assessment Instrument; Frail Elderly' form, specifically the 'Demographics 202' tab. At the top, there are navigation buttons: '1 Customer 201', '2 Functional Assessment 209', and 'Print View'. Below these are 'Main 201' and 'Demographics 202' tabs. The form contains several required fields marked with a red 'Req' icon:

- 'Income below poverty level?' with a dropdown menu.
- 'Does Customer live alone?' with a dropdown menu.
- 'Does the customer have difficulty:' section with two dropdown menus: 'Expressing information content' and 'Understanding others'.
- 'Social Security # 258-95-1357' and 'Kamis ID 30000705' (pre-filled).
- 'Medicaid Number' and 'Medicare Number' (text input fields).
- '...or Medicaid Eligibility Pending' (dropdown menu).

A 'Save' button is located at the bottom left. A legend at the bottom indicates that 'Req' indicates required for approval.

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Note: If the Medicaid Financial Eligibility is pending, either in filing or determination, select "Yes" in the Medicaid Eligibility Pending field. Payment for the FAI will be pending until the eligibility is determined. The customer will be listed on the Medicaid Pending workload. Payment will be released when one of the situations occur:

1. If determined eligible the Medicaid ID Number is entered.
2. If determined to be ineligible the date the eligibility was denied is entered.

Continued on next page

Functional Assessment Navigation Tab – Cognition Deficits

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

Cognition Secondary Navigational Tab

FAI - Functional Assessment Instrument; Frail Elderly

1 Customer 201
2 Functional Assessment 209
Print View

Cognition/Deficits 209
ADL 205
IADL 206
Continence 210
Risks 207

Threshold Scoring Guide

Code 0 - no impairment
 Code 1 - impairment with the tested area
 Code 9 - unable to test

COGNITION

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

Total Cognition Score

Save

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – ADL

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

ADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Frail Elderly

1 Customer 201
2 Functional Assessment 209
Print View

Cognition/Deficits 209
ADL 205
IADL 206
Contenance 210
Risks 207

Functional Assessment Instrument - PD and FE Threshold Guide		
Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

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

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

Save

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – IADL

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

IADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Frail Elderly

1 Customer 201
2 Functional Assessment 209
Print View

Cognition/Deficits 209
ADL 205
IADL 206
Continence 210
Risks 207

Functional Assessment Instrument - PD and FE Threshold Guide		
Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

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

Req Instrumental Activities of Daily Living	Code	Multiplier	X	Weight	=	Total
Meal Preparation	<input type="text" value="0"/>	<input type="text" value="0"/>	X	5	=	<input type="text" value="0"/>
Shopping	<input type="text" value="0"/>	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
Money Management	<input type="text" value="0"/>	<input type="text" value="0"/>	X	4	=	<input type="text" value="0"/>
Transportation	<input type="text" value="0"/>	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
Use of Telephone	<input type="text" value="0"/>	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
Laundry/Housekeeping	<input type="text" value="0"/>	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
Management of Medications, Treatments	<input type="text" value="0"/>	<input type="text" value="0"/>	X	5	=	<input type="text" value="0"/>
Sum of IADL Scores =						<input type="text" value="0"/>

Save

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – Continence

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form.

Continence Secondary Navigational Tab

The screenshot displays the 'FAI - Functional Assessment Instrument; Frail Elderly' form. At the top, there are navigation tabs: '1 Customer 201', '2 Functional Assessment 209' (highlighted in yellow), and 'Print View'. Below these are tabs for 'Cognition/Deficits 209', 'ADL 205', 'IADL 208', 'Continence 210' (highlighted in yellow), and 'Risks 207'. The main content area is titled 'Reg Bladder/Bowel Continence'. It includes a 'Continent' checkbox (checked), 'Usually Continent' (unchecked), 'Occasionally Incontinent' (unchecked), 'Frequently Incontinent' (unchecked), and 'Incontinent' (unchecked). Below these is a 'Continence Score' field with the value '0'. A 'Save' button is located at the bottom left. A legend at the bottom indicates that 'Reg' indicates required for approval.

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – Risks

Form Reference

Page 2a of the Functional Assessment Instrument (FAI) form

Risks Secondary Navigational Tab

FAI - Functional Assessment Instrument; Frail Elderly

1 Customer 201 | 2 Functional Assessment 209 | Print View

Cognition/Deficits 209 | ADL 205 | IADL 208 | Continenence 210 | Risks 207

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

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

Req Neglect Abuse and/or Exploitation By Others None 1 X 5 =

Req Informal Support - check appropriate choice

Yes - there is support

Inadequate

No - there is no support 1 X 4 =

Behavior - check appropriate choice(s) if any difficulty

Wandering

Socially Inappropriate/Disruptive

Decision Making/Judgment 1 X 5 =

Sum of Continenence and Risks Scores

Sum of Cognition/Deficits, ADL/IADL, and Continenence/Risks Scores

Req Impairment

Impaired Vision Yes No

Impaired Hearing Yes No

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Hint

Once the Save button is selected, the page will automatically forward to the Customer Primary Navigation Tab – Main Secondary Navigation Tab so that the form status can be changed from Work in Progress to Approved.

Functional Assessment Instrument For Physically Disabled (PD) Waiver

Customer Navigation Tab – Main

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

Form Reference Page 1 of the Functional Assessment Instrument (FAI) form.

**Main
Secondary
Navigational
Tab**

FAI - Functional Assessment Instrument

1 Customer 201 | 2 Functional Assessment 209 | Print View

Main 201 | Demographics 202

* Waiver Type Select Type

* Form Status WORK IN PROGRESS

* Organization 6 - SOUTHWEST KANSAS AAA

Assessor Search (Last, First) [enter]

* Assessor --

Assessor Phone

* Assessment Date

*** Req Disaster Red Flag**

Electric

Physical Impairment

Medication Assist

Cognitive/MH issues

No Informal Support

None

Save

Required Fields All fields displayed on this page are required in order to save the assessment as work in progress.

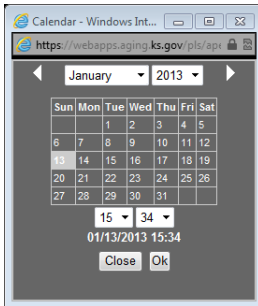
Selecting the appropriate Waiver type will display the corresponding fields for the specified waiver.

Customer Navigation Tab – Main (Continued)

Assessment Date

FAI requires entry of the date and time the assessment was done. This requirement is due to any waiting list for services that may be in force.

The format is MM/DD/YYYY for the date and the 24 hour clock format for the time.



Click on the calendar icon next to the field to display the calendar/time.

Click on the date in the calendar and select the time using the drop down fields.

Click on OK. The entry will be displayed in the field.

Form Status

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

Assessor Selection

To select an assessor, type in the full or partial name and press the enter key. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.



* Form Status: WORK IN PROGRESS

Assessor Search (Last, First) SPA

* Assessor

- SPACELY, COSMO - 50000037 DEBY HOME CARE
- SPAIN, NORMAN - 3132 WAMEGO SR CTR
- SPALDING, AMANDA - 6142 HOLTON SR CTR

* Assessment Date (mm/dd/yyyy):

Customer Navigation Tab – File Upload & Additional Notes

Introduction

Once the FAI is created by saving the Customer – Main page, two additional regions will be displayed.

[Attachments and File Upload\(0\)](#) (Use to attach a document (JPEG, PDF, ...) to this assessment.)

Additional Notes

Display Only Un-Read Notes Yes No

[Post Additional Information](#)

Attachments and File Upload

Click on the blue link and a separate window will display. Follow the instruction on this page to upload documents associated with this Customers FAI.

To Attach / Upload File:

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.)

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.

File size limited to 1mb!

File Name:

Attached / Uploaded Files

Application: FAI Id: 30001563

name	delete	size	source	added	by
------	--------	------	--------	-------	----

Continued on next page

Customer Navigation Tab – File Upload & Additional Notes (Continued)

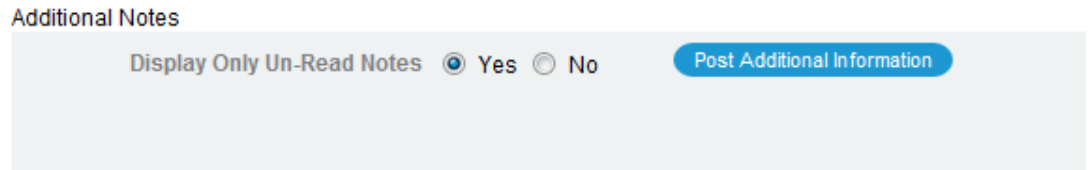
Additional Notes

To enter additional notes regarding this Customer's FAI that may happen after the assessment was completed and data entered.

Click on the Post Additional Information button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

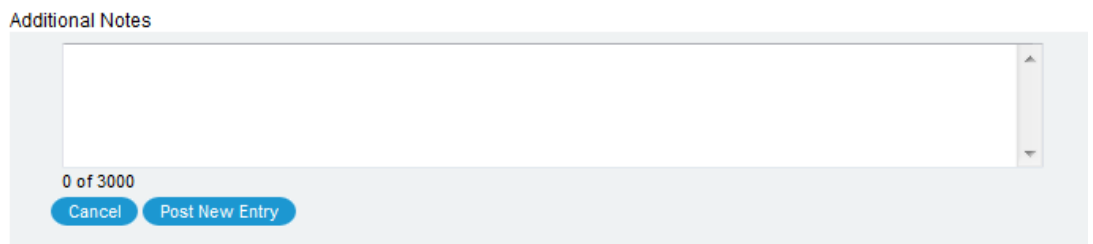


Enter the information

Additional Notes

0 of 3000

Cancel Post New Entry



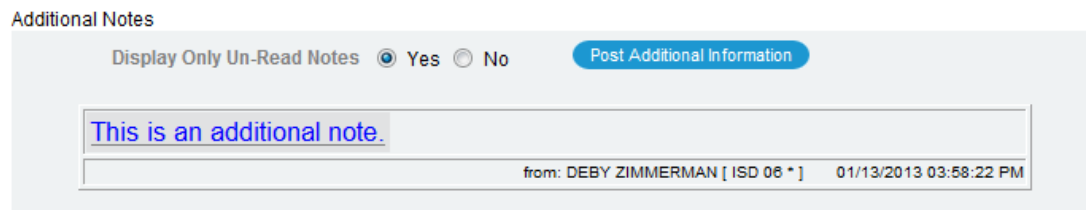
Click on the Post New Entry button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

This is an additional note.

from: DEBY ZIMMERMAN [ISD 06 *] 01/13/2013 03:58:22 PM



The note will be displayed with the name of who posted the note and the organization they are associated with along with the date and time.

Customer Navigation Tab – Demographics

Form Reference

Page 1 of the Functional Assessment Instrument (FAI) form

Demographic Secondary Navigational Tab

FAI - Functional Assessment Instrument; Physically Disabled

1 Customer 201 2 Functional Assessment 209 Print View

Main 201 Demographics 202

Req Income below poverty level? Yes ▾

Req Does Customer live alone? Yes ▾

Does the customer have difficulty:

Expressing information content Understandable ▾

Understanding others Understands ▾

Social Security # 258-95-1357
Kamis ID 30000705

Req Medicaid Number ...or **Req** Medicaid Eligibility Pending Yes ▾

Medicare Number

Save

Changed by STEVEHANSEN on 01/14/2013 09:35:39

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Note: If the Medicaid Financial Eligibility is pending, either in filing or determination, select “Yes” in the Medicaid Eligibility Pending field. Payment for the FAI will be pending until the eligibility is determined. The customer will be listed on the Medicaid Pending workload. Payment will be released when one of the situations occur:

3. If determined eligible the Medicaid ID Number is entered.
4. If determined to be ineligible the date the eligibility was denied is entered.

Continued on next page

Functional Assessment Navigation Tab – Cognition Deficits

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

Cognition Secondary Navigational Tab

FAI - Functional Assessment Instrument; Physically Disabled (Not on WL)

1 Customer 201 | 2 Functional Assessment 209 | Print View

Cognition/Deficits 209 | ADL 205 | IADL 208 | Continence 210 | Risks 207

Req **Comatose/Memory Impairments** Code

Comatose, Persistent Vegetative State

Short-Term Memory If impairment is shown in any area, the score is eight

Long-Term Memory

Memory/Recall

Total Cognition Score

Changed by DEBYZIMMERMAN on 01/13/2013 15:41:12

Req Indicates required for Approval

Comatose/Memory Impairments	Code
No impairment	0
Impairment	1

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – ADL

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

ADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Physically Disabled (Not on WL)

1 Customer 201 | **2 Functional Assessment 209** | Print View

Cognition/Deficits 209 | **ADL 205** | IADL 206 | Continenence 210 | Risks 207

Functional Assessment Instrument - PD and FE Threshold Guide		
Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

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

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

Changed by DEBYZIMMERMAN on 01/13/2013 15:42:08

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – IADL

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

IADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Physically Disabled (Not on WL)

1 Customer 201
2 Functional Assessment 209
Print View

Cognition/Deficits 209
ADL 205
IADL 206
Continence 210
Risks 207

Functional Assessment Instrument - PD and FE Threshold Guide		
Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

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

Req Instrumental Activities of Daily Living	Code	Multiplier X	Weight =	Total
Meal Preparation	<input type="text" value="0"/>	<input type="text" value="0"/> X	5 =	<input type="text" value="0"/>
Shopping	<input type="text" value="0"/>	<input type="text" value="0"/> X	3 =	<input type="text" value="0"/>
Money Management	<input type="text" value="0"/>	<input type="text" value="0"/> X	4 =	<input type="text" value="0"/>
Transportation	<input type="text" value="0"/>	<input type="text" value="0"/> X	3 =	<input type="text" value="0"/>
Use of Telephone	<input type="text" value="0"/>	<input type="text" value="0"/> X	3 =	<input type="text" value="0"/>
Laundry/Housekeeping	<input type="text" value="0"/>	<input type="text" value="0"/> X	3 =	<input type="text" value="0"/>
Management of Medications, Treatments	<input type="text" value="0"/>	<input type="text" value="0"/> X	5 =	<input type="text" value="0"/>
Sum of IADL Scores =				<input type="text" value="0"/>

Save

Changed by DEBYZIMMERMAN on 01/13/2013 15:44:44

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – Continence

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form.

Continence Secondary Navigational Tab

The screenshot displays the 'FAI - Functional Assessment Instrument; Physically Disabled (Not on WL)' form. At the top, there are navigation tabs: '1 Customer 201', '2 Functional Assessment 209' (highlighted in red), and 'Print View'. Below these are more tabs: 'Cognition/Deficits 209', 'ADL 205', 'IADL 206', 'Continence 210' (highlighted in red), and 'Risks 207'. The main content area is titled 'Req Bladder/Bowel Continence'. It includes a 'Continent' checkbox (checked), 'Usually Continent' (unchecked), 'Occasionally Incontinent' (unchecked), 'Frequently Incontinent' (unchecked), and 'Incontinent' (unchecked). Below these is a 'Continence Score' field with the value '0'. A 'Save' button is located at the bottom left. A legend at the bottom indicates that 'Req' indicates required for approval.

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Continued on next page

Functional Assessment Navigation Tab – Risks

Form Reference

Page 2a of the Functional Assessment Instrument (FAI) form

Risks Secondary Navigational Tab

The screenshot shows the 'Risks 207' tab of the 'FAI - Functional Assessment Instrument; Physically Disabled' form. At the top, there are navigation buttons: '1 Customer 201', '2 Functional Assessment 209' (highlighted), and 'Print View'. Below these are tabs for 'Cognition/Deficits 209', 'ADL 205', 'IADL 206', 'Continenace 210', and 'Risks 207' (highlighted).

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

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

Req Neglect Abuse and/or Exploitation By Others None 1 X 5 =

Req Informal Support - check appropriate choice

Yes - there is support

Inadequate

No - there is no support 1 X 4 =

Behavior - check appropriate choice(s) if any difficulty

Wandering

Socially Inappropriate/Disruptive

Decision Making/Judgment 1 X 5 =

Sum of Continenace and Risks Scores

Sum of Cognition/Deficits, ADL/IADL, and Continenace/Risks Scores

Req Impairment

Impaired Vision Yes No

Impaired Hearing Yes No

Crisis Exception (Req Required for PD only)

DCF APS confirmed ANE

Risk of family break-up

End stages of terminal illness

Victim of domestic violence

No crisis exceptions

Req indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Hint

Once the Save button is selected, the page will automatically forward to the Customer Primary Navigation Tab – Main Secondary Navigation Tab so that the form status can be changed from Work in Progress to Approved.

Functional Assessment Instrument For Traumatic Brain Injury (TBI) Waiver

Customer Navigation Tab – Main

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

Form Reference Page 1 of the Functional Assessment Instrument (FAI) form.

**Main
Secondary
Navigational
Tab**

FAI - Functional Assessment Instrument

1 Customer 201 | 2 Functional Assessment 209 | Print View

Main 201 | Demographics 202

* Waiver Type Select Type ▾

* Form Status WORK IN PROGRESS

* Organization 6 - SOUTHWEST KANSAS AAA

Assessor Search (Last, First) [enter]

* Assessor -- ▾

Assessor Phone

* Assessment Date

*** Req Disaster Red Flag**

Electric

Physical Impairment

Medication Assist

Cognitive/MH issues

No Informal Support

None

Save

Required Fields All fields displayed on this page are required in order to save the assessment as work in progress.

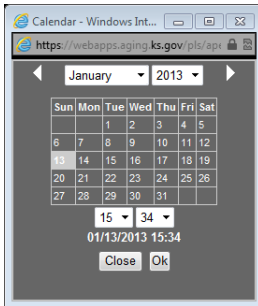
Selecting the appropriate Waiver type will display the corresponding fields for the specified waiver.

Customer Navigation Tab – Main (Continued)

Assessment Date

FAI requires entry of the date and time the assessment was done. This requirement is due to any waiting list for services that may be in force.

The format is MM/DD/YYYY for the date and the 24 hour clock format for the time.



Click on the calendar icon next to the field to display the calendar/time.

Click on the date in the calendar and select the time using the drop down fields.

Click on OK. The entry will be displayed in the field.

Form Status

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

Assessor Selection

To select an assessor, type in the full or partial name and press the enter key. A search will be performed and a listing will be displayed. Click on the appropriate Assessor's Name to select.



* Form Status: WORK IN PROGRESS

Assessor Search (Last, First) SPA

* Assessor

- SPACELY, COSMO - 50000037 DEBY HOME CARE
- SPAIN, NORMAN - 3132 WAMEGO SR CTR
- SPALDING, AMANDA - 6142 HOLTON SR CTR

* Assessment Date (mm/dd/yyyy):

Customer Navigation Tab – File Upload & Additional Notes

Introduction

Once the FAI is created by saving the Customer – Main page, two additional regions will be displayed.

[Attachments and File Upload\(0\)](#) (Use to attach a document (JPEG, PDF, ...) to this assessment.)

Additional Notes

Display Only Un-Read Notes Yes No

[Post Additional Information](#)

Attachments and File Upload

Click on the blue link and a separate window will display. Follow the instruction on this page to upload documents associated with this Customers FAI.

To Attach / Upload File:

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.)

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.

File size limited to 1mb!

File Name:

Attached / Uploaded Files

Application: FAI Id: 30001563

name	delete	size	source	added	by
------	--------	------	--------	-------	----

Continued on next page

Customer Navigation Tab – File Upload & Additional Notes (Continued)

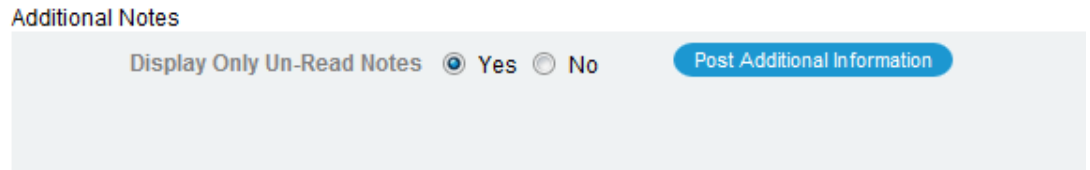
Additional Notes

To enter additional notes regarding this Customers FAI that may happen after the assessment was completed and data entered.

Click on the Post Additional Information button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

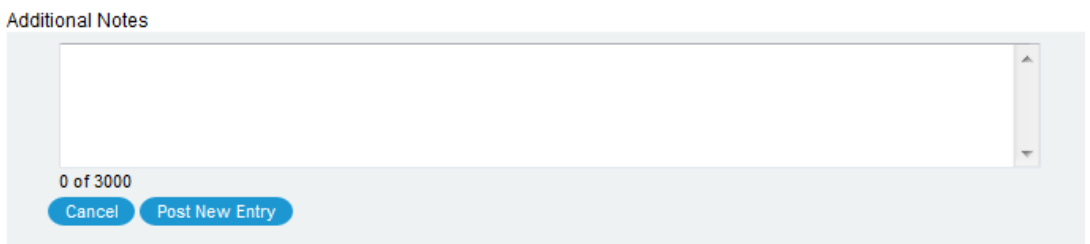


Enter the information

Additional Notes

0 of 3000

Cancel Post New Entry



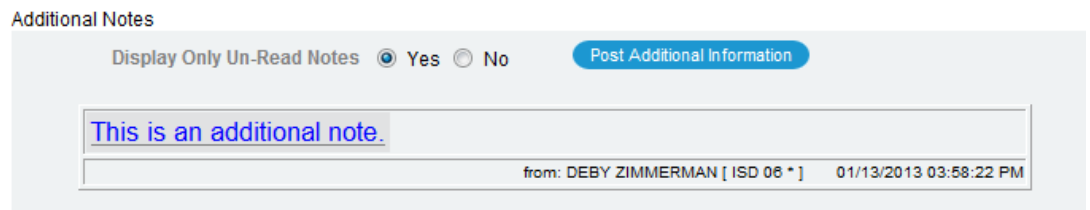
Click on the Post New Entry button.

Additional Notes

Display Only Un-Read Notes Yes No Post Additional Information

This is an additional note.

from: DEBY ZIMMERMAN [ISD 06 *] 01/13/2013 03:58:22 PM



The note will be displayed with the name of who posted the note and the organization they are associated with along with the date and time.

Customer Navigation Tab – Demographics

Form Reference

Page 1 of the Functional Assessment Instrument (FAI) form

Demographic Secondary Navigational Tab

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 2 Functional Assessment 209 Print View

Main 201 Demographics 202

Req Income below poverty level? No ▾

Req Does Customer live alone? Yes ▾

Does the customer have difficulty:

Expressing information content ▾

Understanding others ▾

Social Security # 258-95-1357
Kamis ID 30000705

Req Medicaid Number ...or **Req** Medicaid Eligibility Pending No ▾

Medicare Number

Save

Changed by DEBYZIMMERMAN on 01/19/2013 13:41:27

Req Indicates required for Approval

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Note: If the Medicaid Financial Eligibility is pending, either in filing or determination, select “Yes” in the Medicaid Eligibility Pending field. Payment for the FAI will be pending until the eligibility is determined. The customer will be listed on the Medicaid Pending workload. Payment will be released when one of the situations occur:

1. If determined eligible the Medicaid ID Number is entered.
2. If determined to be ineligible the date the eligibility was denied is entered.

Functional Assessment Navigation Tab – Cognition Deficits

Form Reference

Page 2 of the Functional Assessment Instrument (FAI) form

Cognition Secondary Navigational Tab

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 | 2 Functional Assessment 205 | Print View

Cognition/Deficits 209 | ADL 205 | IADL 205 | Continence 210 | Risks 207

Req Comatose/Memory Impairments Code

Comatose, Persistent Vegetative State

Short-Term Memory If impairment is shown in any area, the score is eight

Long-Term Memory

Memory/Recall

Comatose/Memory Impairments		Code
No impairment		0
Impairment		1

Req Cognitive Deficits Code Multiplier X Weight = Total

Cognitive Deficits (TBI)		Code
No problem		0
Minimal Problems		1
Mild Problems		2
Mild to Moderate		3
Moderate Problems		4
Moderate to Severe		5
Severe Problems		6

Attention and Concentration X 1 =

Comment

Learning and Memory X 1 =

Comment

Judgement and Perception X 1 =

Comment

Initiation and Planning X 1 =

Comment

Communication X 1 =

Comment

Req Behavioral/Emotional Deficits Code Multiplier X Weight = Total

Behavioral/Emotional Deficits (TBI)		Code
Absent		0
Rarely		1
Occasionally		2
Frequently		3
Daily		4
Hourly		5

Self-Injurious Behavior X 1 =

Comment

Hurtful to Others X 1 =

Comment

Destruction of Property X 1 =

Comment

Socially-Offensive Behavior X 1 =

Comment

Wandering X 1 =

Comment

Withdrawal Behavior X 1 =

Comment

Susceptibility to Victimization X 1 =

Comment

Total Cognition Score

Save

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Functional Assessment Navigation Tab – ADL

Form Reference

Page 2a of the Functional Assessment Instrument (FAI) form

ADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 | 2 Functional Assessment 209 | Print View

Cognition/Deficits 209 | **ADL 205** | IADL 206 | Contenance 210 | Risks 207

Reqd	Activities of Daily Living	Code	Multplier X	Weight	=	Total
	Bathing	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
	Dressing	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
	Toileting	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
	Transferring	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
	Walking/Mobility	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
	Eating	<input type="text" value="0"/>	<input type="text" value="0"/>	X	1	= <input type="text" value="0"/>
Sum of ADL Scores =						<input type="text" value="0"/>

Activities of Daily Living (TBI)	Code
No problem	0
Minimal Problems	1
Mild Problems	2
Mild to Moderate	3
Moderate Problems	4
Moderate to Severe	5
Severe Problems	6

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Functional Assessment Navigation Tab – IADL

Form Reference

Page 2a of the Functional Assessment Instrument (FAI) form

IADL Secondary Navigational Tab

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 2 Functional Assessment 209 Print View

Cognition/Deficits 209 ADL 205 **IADL 206** Contenance 210 Risks 207

Instrumental Activities of Daily Living	Code	Multiplier X	Weight	=	Total
Meal Preparation	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Shopping	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Money Management	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Transportation	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Use of Telephone	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Laundry/Housekeeping	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Management of Medications, Treatments	<input type="text" value="0"/>	X	1	=	<input type="text" value="0"/>
Sum of IADL Scores =					<input type="text" value="0"/>

Instrumental Activities of Daily Living (TBI)	Code
No problem	0
Minimal Problems	1
Mild Problems	2
Mild to Moderate	3
Moderate Problems	4
Moderate to Severe	5
Severe Problems	6

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Functional Assessment Navigation Tab – Continence

Form Reference

Page 2a of the Functional Assessment Instrument (FAI) form.

Continence Secondary Navigational Tab

The screenshot displays the 'FAI - Functional Assessment Instrument; Traumatic Brain Injury' interface. At the top, there are navigation tabs: '1 Customer 201', '2 Functional Assessment 209' (highlighted in yellow), and 'Print View'. Below these are assessment area tabs: 'Cognition/Deficits 209', 'ADL 205', 'IADL 206', 'Continence 210' (highlighted in yellow), and 'Risks 207'. The main content area is titled 'Req Bladder/Bowel Continence'. It includes five radio button options: 'Continent' (checked), 'Usually Continent', 'Occasionally Incontinent', 'Frequently Incontinent', and 'Incontinent'. Below these is a 'Continence Score' input field containing the number '0'. A 'Save' button is located at the bottom left. A legend at the bottom states 'Req Indicates required for Approval'.

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Functional Assessment Navigation Tab – Risks

Form Reference

Page 2b of the Functional Assessment Instrument (FAI) form

Introduction

For the TBI waiver, additional conditions are required to be met for the customer to be considered functionally eligible for the TBI waiver. There are indicators that displays the current functional eligibility of the customer as the questions are answered.

The LTC scores will display from the entry on the previous tabs. The eligibility indicator will indicate if the customer has met at least one of the LTC scores to meet the functional eligibility criteria.

Recent Problems or Risks and the Impairment regions are required but do not score or included in the functional eligibility requirements.

Risks Secondary Navigational Tab

Functional Eligibility not met:

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 | 2 Functional Assessment 209 | Print View

Cognition/Deficits 209 | ADL 205 | IADL 206 | Continence 210 | Risks 207

TBI Waiver Eligibility Criteria

[Req] Each of the following three items must be checked to be eligible for the TBI waiver

The consumer is between the ages of 16 and 65 Yes No

The consumer is at risk of placement in a TBI rehabilitation facility Yes No

The consumer has been diagnosed with a traumatic, non-degenerative, non-congenital brain injury Yes No

Are all three Eligibility Criteria checked yes?

At least one of the following three must be Yes to be eligible

Sum of Deficit Scores 8 Are the total deficits 24 or above?

Sum of ADL/IADL Scores 39 Are the total ADL/IADLs 26 or above?

Sum of Deficit, ADL/IADL, and Continence/Risks Scores 47 Is the total score 25 or above?

Is at least one score sufficiently high?

[Req] Recent Problems or Risks

Is there a risk of self-neglect? Yes No

Is there a risk of abuse? Yes No

Is there a risk of neglect? Yes No

Is there a risk of exploitation? Yes No

[Req] Impairment

Impaired Vision Yes No

Impaired Hearing Yes No

Continued on next page

Functional Assessment Navigation Tab – Risks

Risks
Secondary
Navigational
Tab

Functional Eligibility met:

FAI - Functional Assessment Instrument; Traumatic Brain Injury

1 Customer 201 | 2 Functional Assessment 209 | Print View

Cognition/Deficits 209 | ADL 205 | IADL 206 | Continenace 210 | Risks 207

TBI Waiver Eligibility Criteria

Req Each of the following three items must be checked to be eligible for the TBI waiver

The consumer is between the ages of 16 and 65 Yes No

The consumer is at risk of placement in a TBI rehabilitation facility Yes No

The consumer has been diagnosed with a traumatic, non-degenerative, non-congenital brain injury Yes No

Are all three Eligibility Criteria checked yes?

At least one of the following three must be Yes to be eligible

Sum of Deficit Scores 8 Are the total deficits 24 or above?

Sum of ADL/IADL Scores 39 Are the total ADL/IADLs 26 or above?

Sum of Deficit, ADL/IADL, and Continenace/Risks Scores 47 Is the total score 25 or above?

Is at least one score sufficiently high?

Required
Fields

All fields displayed on this page are required in order to save the assessment as approved.

Hint

Once the Save button is selected, the page will automatically forward to the Customer Primary Navigation Tab – Main Secondary Navigation Tab so that the form status can be changed from Work in Progress to Approved.

Approving (Complete) the Form

Requirement The data entry of the FAI form within KAMIS is not completed

Main Secondary Navigational Tab

FAI - Functional Assessment Instrument; Physically Disabled

1 Customer 201 | 2 Functional Assessment 209 | Print View

Main 201 | Demographics 202

* Waiver Type PD

* Form Status APPROVED

* Organization 6 - SOUTHWEST KANSAS AAA

Assessor Search (Last, First) SMURF, PAPA [enter]

* Assessor SMURF, PAPA - PAPA SMURFS CARE 30000056

Assessor Phone 785-296-4987

* Assessment Date 01/11/2013 15:34

Req Disaster Red Flag

Electric

Physical Impairment

Medication Assist

Cognitive/MH issues

No Informal Support

None

Save

Required Fields not entered

FAI - Functional Assessment Instrument; Physically Disabled

1 Customer 201 | 2 Functional Assessment 209 | Print View

Main 201 | Demographics 202

1 error has occurred

* Waiver Type PD

* Form Status WORK IN PROGRESS

* Organization 6 - SOUTHWEST KANSAS AAA

Assessor Search (Last, First) SMURF, PAPA [enter]

* Assessor SMURF, PAPA - PAPA SMURFS CARE 30000056

Assessor Phone 785-296-4987

* Assessment Date 01/11/2013 15:34

Req Disaster Red Flag

Form cannot be saved as Approved - required fields missing. The following are required for Approved status:

Customer:

- Birth Date is Required

Customer - Main:

- Birthdate must be entered

Plan of Care

There is no Plan of Care entry needed. Once the FAI is in placed in approved status, and there is a Medicaid id entered for the customer the following will occur:

- Plan of Care will be created with the assessment service line entered.
- Services Provided (225) entry will be created.

Print View

Form Reference

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

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.

Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT Viewed on: 05/01/2007 09:07:38 AM by: TRAININGUSER page 1

KAMIS ID: 50000176	Birth Date: 07/04/1920 Age: 86	Customer SSN: 963258741
Name: GEORGE JETSON	Gender: MALE	Medicaid Card ID:
Name Preferred:	Marital Status: MARRIED	Medicare Card ID:
	Veteran/Spouse of Veteran: Y	
Customer Ethnicity Type: NOT HISPANIC OR LATINO		
Customer Ethnicity: WHITE NON-HISPANIC		
Customer Speaks: ENGLISH		
Customer Reads: ENGLISH		
Customer Understands: ENGLISH		

Current Addresses:	Address Type: RESIDENTIAL	Effective Date: 01/01/2007	Termination Date:
	Location: URBAN	County: SN - SHAWNEE	
101 SKYPAD APARTMENTS			
ORBIT CITY, KS 66601-1111			
Primary Phone: 7852964987	Alternate Phone:	Cell Phone:	Fax:
E-Mail:	Website:		
Directions:			

Roles:	CUSTOMER	ACTIVE	Effective Date: 01/01/2007	Termination Date:
Associates:	EMERGENCY CONTACT	SPOUSE	Effective Date: 04/01/2007	Termination Date:
		JETSON, JANE	785-296-6459	
	FINANCIALLY RESPONSIBLE FOR CO-PAY/CUSTOMER OBLIGATION	CONSERVATOR	Effective Date: 01/01/2007	Termination Date:
		SPACELY, COSMO G.	785-296-4987	

Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT Viewed on: 05/01/2007 09:07:40 AM by: TRAININGUSER page 2

Customer: 50000176 - JETSON, GEORGE
PSA: 7 Assessment Nbr: 50000380 Assessment Date: 02/02/2007

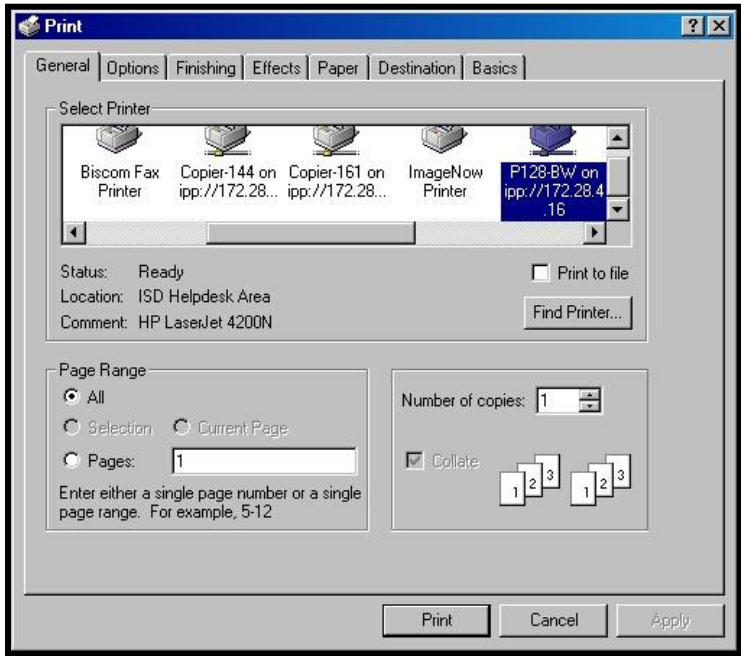
Form Status: 159	Disaster Red Flag:
Reassessment Due Date: 02/01/2008	Electric: _
Funding: HCBS/FE	Phys Assist/Medication: _

Continued on next page


Print View, Continued

To Print

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

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

To Close

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