




## Acentra Health's Scheduling Portal – Kepro SAM

<https://pasis.kepro.com/>

### Scheduling Routine 5-Year Assessments

Scheduling a routine 5-year assessment can occur by either logging into the Acentra Health Kepro SAM scheduling portal and making the request directly or when you receive an email from Acentra Health indicating that you have requests in your work queue requiring your attention.

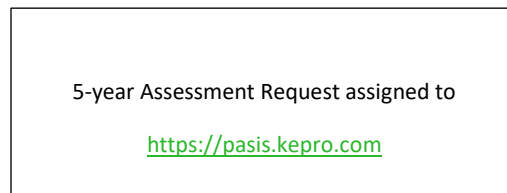
 **NOTE:** Submitting scheduling information for routine 5-year assessments can only occur for individuals that have an assessment due. If it is less than five years since the last assessment, the request for a routine assessment cannot be submitted.

#### Notification from Acentra Health

If notified by Acentra Health, you will receive an email from [PAODPAssessments@kepro.com](mailto:PAODPAssessments@kepro.com) that you have assignments in your queue to complete. This means that you have one or more individuals who had their last SIS Assessment completed at least five years ago and are now ready to be scheduled and require you to enter scheduling information and update the individual's demographics, if needed. These requests will appear on your work queue with a status of "Pending" meaning they are pending scheduling information to be entered by you.

Due to HIPAA, the email notification will simply state that 5-year assessment requests have been assigned to you and contain the hyperlink to the Acentra Health's Kepro SAM scheduling portal. By clicking on the hyperlink in the email: <https://pasis.kepro.com>, you can log in and will then see your Home Screen where you will be able to view those individuals needing scheduling information.

The email will look like this:





**NOTE:** You will NOT see the name, MCI or any other identifying information in this email. You will need to log in to Acentra Health’s Kepro SAM scheduling portal to see those individuals for whom scheduling information is needed.

If you have individuals in your work queue for whom routine scheduling information is being requested, you will see a table that contains the following information:

Request ID	MCI #	Name	DOB	Date of Last SIS	Interpreter?	County	Request Type	Status
------------	-------	------	-----	------------------	--------------	--------	--------------	--------

In the Request ID column, on the far left side, next to the individual’s MCI and name you will see a blue number that is a hyperlink. Click on that number to open the individual’s record. The individual’s record will look like this but with demographic information prepopulated.

Consumer information
COLLAPSE ALL

MCI #  SEARCH

FIRST NAME \*  MIDDLE  LAST NAME \*  DATE OF BIRTH

ADDRESS 1 \*  ADDRESS 2  CITY \*

COUNTRY \*  STATE/PROVINCE \*  REGISTERED COUNTY \*  COUNTY OF RESIDENCE \*  POSTAL CODE \*

PHONE  EMAIL  INTERPRETER NEEDED? \*  Yes  No IF YES, LANGUAGE \*

RECEIVING RESIDENTIAL SERVICES? \*  Yes  No IF YES, PLEASE DESCRIBE. \*

CONTACT NAME  CONTACT PHONE  CONTACT EMAIL

Once in the record, the demographic information for the individual will prepopulate. Verify that the information is correct and update if needed. **All items with a red (\*) must be completed.**

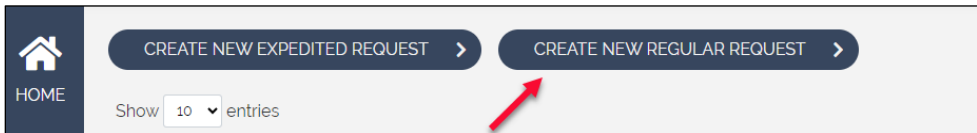


**NOTE:** *The information in this section of the record is for the individual. It is NOT the name of the SC or person to contact when scheduling the assessment.*

### Directly Requesting a Routine 5-Year Request

If you have not been prompted via email from Acentra Health’s [paodpassessments@kepro.com](mailto:paodpassessments@kepro.com), and wish to directly request a routine assessment, you must log in to the Acentra Health’s Kepro SAM scheduling portal. Using Google Chrome as your browser, you can access the portal by clicking on the hyperlink: <https://pasis.kepro.com/> or via the Acentra Health PA SIS homepage: <http://mysupport.kepro.com>.

Once logged in, your work queue will open. On the top portion of this page, click on “Create New Regular Request”.



The same Consumer Information Screen will appear; however, you will need to enter either the individual's MCI number or name, exactly as it appears in HCSIS, and select search. When you do, the individual's information will prepopulate.

The screenshot shows a 'Consumer Information' form with the following fields and options:

- MCI #**: Input field (highlighted with a red box).
- SEARCH**: Button.
- FIRST NAME \***: Input field.
- MIDDLE**: Input field.
- LAST NAME \***: Input field.
- DATE OF BIRTH**: Calendar icon, format MM/DD/YYYY.
- ADDRESS 1 \***: Input field.
- ADDRESS 2**: Input field.
- CITY \***: Input field.
- COUNTRY \***: Dropdown menu (United States).
- STATE/PROVINCE \***: Dropdown menu (Pennsylvania).
- REGISTERED COUNTY \***: Dropdown menu (Select One).
- COUNTY OF RESIDENCE \***: Dropdown menu (Select One).
- POSTAL CODE \***: Input field.
- PHONE**: Input field.
- EMAIL**: Input field.
- INTERPRETER NEEDED? \***: Radio buttons (Yes, No).
- IF YES, LANGUAGE \***: Input field.
- RECEIVING RESIDENTIAL SERVICES? \***: Radio buttons (Yes, No).
- IF YES, PLEASE DESCRIBE. \***: Large text area.
- CONTACT NAME**: Input field.
- CONTACT PHONE**: Input field.
- CONTACT EMAIL**: Input field.

Verify that the information is correct and update if needed. **All items with a red (\*) must be completed.** You can then begin completing the rest of the required scheduling information for this request.

**NOTE:** *The information in this section of the record is for the individual. It is **NOT** the name of the SC or person to contact when scheduling the assessment.*

**NOTE:** If submitting a request for an individual who lives out of state, please enter the individual's name but list the address as that of the SCO so that it goes to the correct AE for approval. **Do not enter the out-of-state address as it will not be recognized in the system.**

### Completing Scheduling Information for Routine Assessments

In the Interpreter section of the record indicate whether or not an interpreter is needed by selecting "Yes" or "No." If yes, in the text box indicate the language needed, such as Spanish, ASL, Bengali, etc.

The close-up shows the following fields:

- INTERPRETER NEEDED? \***: Radio buttons (Yes, No).
- IF YES, LANGUAGE \***: Input field.

In the Residential Services section of the record, indicate whether or not the individual receives residential services by selecting "Yes" or "No." If yes, enter the type of residential services in text box (agency name followed by group home, lifesharing, etc). Also add the residential contact person (Program Specialist is ideal) along with their contact phone number and email.

RECEIVING RESIDENTIAL SERVICES? \* IF YES, PLEASE DESCRIBE. \*

Yes  No

CONTACT NAME \* CONTACT PHONE \* CONTACT EMAIL

In the Scheduling Information section of the record, you can indicate the best time for the assessment, desired meeting location and any special considerations.

If you have a “Desired Meeting Location,” indicate the location type and address (e.g., Home – 123 Main Street, My Town, PA 12345). This is also where you can also indicate if a virtual meeting is preferred.

The Special Notes section is a good place to list any special circumstances that the scheduler and/or interviewer should be aware of when scheduling or at the time of the interview. For example, if the individual could be upset if certain things are discussed during the assessment, it would be important to note that the assessor should talk with the SC prior to the interview. Other information that may be important to note is if an interpreter is needed, will they be required for the length of the interview, or only to meet the individual as this is helpful to know when arranging for interpreting services. It is also helpful to know who the interpreter is for, the individual and/or family member.

Scheduling Information

BEST TIME FOR SCHEDULING


Select One

DESIRED MEETING LOCATION

SPECIAL NOTES

You are now ready to proceed to the Respondent Information section. Here you can enter information for those respondents you wish to participate in the assessment. This is done by clicking on “Add Respondent” which will open fields in which the information can be entered.


Respondent Information

**ADD RESPONDENT**  Please include a minimum of two Respondents with your submission.

FIRST NAME \* LAST NAME \* EMAIL PHONE \* RELATIONSHIP \* AGENCY **DELETE**

Select One

**SUBMIT**

 **NOTE:** A minimum of two respondents who have known the individual for at least months or longer are required in order for the assessment to be completed.

The SC should be listed in the respondent section, even if they do not meet the three-month criteria, to ensure they are invited to the assessment.

In addition, if there is a legal guardian, they should also be listed in the respondent section as well.

When you have entered information for your first respondent, click “Add Respondent” again, to populate fields to add the next person you wish to attend the assessment. Continue this process until you have all potential respondents listed. Do **NOT** click submit to add a respondent.



**NOTE:** If the individual receives residential services, a representative is required to be at the assessment. List all residential contacts by name, phone number, email, and agency name that you wish to attend the assessment.

When choosing the relationship from the dropdown menu, select the type that best corresponds to the relationship/service for that individual. In all cases, include the agency name, if applicable, as well as an email address, if available.

If you have added a respondent in error, click on the “Delete” button to remove the entry.

Only after you have entered all respondent information should you click “Submit” in the lower right-hand corner of the record. Once submitted the record closes and moves to Acentra Health for scheduling. You cannot reopen the record to add or change information.

SUBMIT

Once the request is made, you will receive a request ID indicating the request has been successfully submitted.