MFEI Level of Care Tool

Module 2 – Identification Information
Identification Information: Background

• This is Section I of the MFEI-LOC assessment
• This section contains personal identifiers necessary to identify the person and link sequential assessments in KAMIS
• In the software version, many of the identification fields will be preloaded; if changes to pre-loaded information are needed, note the needed edits and submit these as a “person change” when you have KAMIS access
Identification Information

• 1. Name
  – Use printed letters
  – If the person has no middle initial, leave it blank
  – Enter the person’s preferred name, if applicable

• 2. Assessment type
  – Check the box of the appropriate waiver/program
  – Be sure to select the correct waiver/program in order to deploy the correct skip patterns in the software!

• 3. Gender (see next slide)

• 4. Birthdate
  – 2 digits for month, 2 digits for day, 4 digits for year
Additional Information on Gender

• Ask about *gender identity*, a person’s internal sense of being a man, woman, both, or neither, when asking about gender
  – E.g., “How would you identify your gender? (As in, would you say that you identify as a man, woman, transgender, or something other than those options?)”

• The MFEI-LOC does not list all possible options, and allows for “other,” when appropriate
  – Specify the person’s gender identity when other is selected
  – The other option can also be used if the person declines answering about gender identity
Additional Information on Gender

- Language is important and should be used to communicate respect
  - Let the person you are speaking with guide you in terms of language they would like to use when describing their gender identity and expression
  - Use open-ended questions
- Older adults may not feel comfortable with the same language as younger people due to historical context
- Ask how they would like you to discuss their gender identity with others
  - Be careful not to “out” a person without their permission
- Use language that does not assume a person’s gender identity
  - “They” or “partner” as opposed to “he/she” or “husband/wife”
  - The goal should be to hear them use a gender pronoun first and then adopt that pronoun for remainder of the interview
Additional Information on Gender

• Let individuals know about your policy on confidentiality

• Ask only appropriate and necessary questions
  – Non-cisgender individuals are often asked intrusive and unnecessary questions about their body parts, surgical history, sexuality, and gender
  – State the question’s purpose, such as, “Because services can be tailored to individuals of varied genders, may I ask how you would define your gender?”

• Utilize online resources and community organizations to learn more

• More guidance in manual
Identification Information

• 5. Income
  – Indicate whether the person is below the federal poverty level (FPL), if known
  – For current FPL: www.federalregister.gov
  – Use sensitivity when asking this question, as it can make people uncomfortable

• 6. Contact information

• 7. ID Information
  – a. Social security number (without dashes)
  – b. Medicare/Railroad insurance number
  – c. Medicaid number
  – d. KAMIS ID
  – If unknown or declines response, enter all 0s
Identification Information

- **8a. Current payment sources**
  - Check all that apply

- **8b. Veteran status**
  - Is the person a Veteran?
  - Is the person a spouse of a Veteran?
  - Does the person receive Veteran’s benefits?

- **9. Marital status**
  - If the person is legally married to their partner, then select “married”
  - If the person is not legally married to their partner, then select “partner/significant other”
Identification Information

• 10. Legal guardian/Durable power of attorney (DPOA)
  – Check all of the boxes that apply for whether the person has a legal guardian or active durable power of attorney (DPOA); record that person’s information as indicated
  – When required by legal documentation, the assessor will contact the individual’s legal guardian or DPOA to schedule the assessment and provide the option to attend
  – If more than one person serves in guardian and DPOA roles, list the person who has the most authority for the assessment being conducted
Identification Information

• 11. Emergency contact
  – Ask the person whom they wish to list as an emergency contact
    ➢ An emergency contact is required, but if person cannot provide this information it can be left blank
  – If the emergency contact is the same person listed as the guardian or DPOA, check the box instead of repeating their information
  – Record the emergency contact’s name, relationship to person being assessed, address, phone number, email (if applicable) and alternate phone number (if applicable)
Identification Information

• 12. Assessment Information
  a. Record the assessor’s name
  b. Record the ADRC number or the name of the hospital where
     person is being assessed
  c. Record the assessment reference date
     – This is the date that the assessment occurs. If the assessment is
       completed on a different day, record the day the assessment
       was started and determine the look-back period based on this
       date.
  d. Record the names of additional people present during the
     assessment
     – Check the appropriate box for the additional people’s
       relationship to person being assessed.
     – If there are more than 3 additional people, list their names and
       relationships to the person being assessed in the notes when
       using the paper form. The software allows for up to 5 people to
       be included. Any additional people must be listed in the notes.
Identification Information

• 13a. Reason for assessment
  – Indicate the reason for the assessment
  – If the person was discharged from any of these programs and is reapplying, this counts as an initial assessment
  – If the person is receiving a waiting list offer and requires an assessment, this counts as a reassessment

• 13b. Check box if the person is on the waiting list, or requesting placement on the waiting list

• 14. Intake/referral date (initial assessment only)
  – Date ADRC or hospital received the initial referral
Identification Information

• 15a. Residential/Living status at time of assessment
  – Select one, based on where the person is residing at the time of their assessment
    ➢ This may not be the person’s permanent residence; for example, if they are in the hospital or a rehab facility

• 15b. If (above residence) not permanent, identify usual residence
  – Insert the appropriate number from the list of residences in item 15a
  – For example, the person may be in a hospital during their assessment, but plans to return to their private home after discharge
Identification Information

• 16a. Living arrangement
  – Exclude any temporary arrangements and select only one
    • For example, daughter is spending the night to assist with acute care needs following a hospital stay, but individual usually resides with spouse only
  – Choose “alone” if person is homeless or staying at a shelter

• 16b. Indicate whether person now lives with someone new within the last 90 days

• 16c. Ask person if they feel they would be better off living elsewhere
  – Do not infer on their behalf
  – If unknown, select “Could/would not reply”

• 16d. Ask relative/caregiver if they feel person would be better off living elsewhere
Identification Information

• 17a. Time since last hospital stay
  – Code for most recent instance in last 90 days

• 17b. Record the number of hospital admissions in last 90 days
  – Total *number of admissions*, not days in hospital
  – Does not include ER visits, unless person is admitted to hospital

• 18. Residential history over last 5 years (initial assessment item only)
  – Clarification: This is in reference to *institutional* residential history
  – Check all that apply
Identification Information

• 19. Ethnicity and Race (Check all that apply)
  – Ask person to self-identify: How do you describe your race or ethnicity?
  – Individual can identify with more than one race
  – Ethnicity: Background, heritage, culture, ancestry, and sometimes country where you were born
  – Race: Group(s) that you identify with as having similar physical characteristics or similar social geographic origins
Identification Information

• 20a. Primary language
  – Check one each for speaks, reads, understands only

• 20b. Interpreter used
  – If yes, indicate if a formal staff provided interpretation, or if family/friend provided interpretation
  – Formal staff included providers, formal caregivers, or the language line; they may or may not be primarily employed as an interpreter
  – If a bilingual assessor delivers the assessment in the consumer’s language, this is not considered use of an interpreter
Identification Information

• Tips for using interpreters
  – Introduce yourself to the interpreter
  – Make sure they understand the purpose of the assessment
  – Be sure the interpreter interprets in first person
  – Speak directly to individual not the interpreter
  – Speak in short segments to give the interpreter time to interpret
  – Request that the interpreter lets you know of any confusion, questions, or cultural misunderstandings
Identification Information

21. Disaster risk (check all that apply)
   - The purpose of this item is to identify people who may need first response services in the event of a community wide disaster/emergency.
   - Complete this item for everyone, regardless of living situation.
   - Indicate which items the person would need assistance with in the case of a disaster; check all that apply.
   - If there are no disaster risks for the person, select the box for “none”.
   - Assessors may find it helpful to return to this item after completing the functional assessment.
Identification Information

• 21. Disaster risk (check all that apply)
  ❑ Electric
    • The person is dependent on equipment that would make an electrical outage a life-threatening emergency. For example, someone dependent on electricity operated health equipment, such as an oxygen concentrator, ventilator, refrigeration for essential medication, etc.
  ❑ Physical Impairment
    • The person would be at high risk in the event of a situation requiring evacuation due to physical impairments
Identification Information

• 21. Disaster risk (check all that apply)
  ❑ Medication Assistance
    • The person would be at high risk if not able to access essential medications (for example – insulin, heart medication), and assistance is needed to access/take these essential medications
  ❑ Cognitive Impairment/Mental Health Issue
    • The person would be unable to recognize an emergency and/or make reasonable decisions and seek safety in the event of a disaster
  ❑ No Informal Support
    • The person has no local informal supports who could assist them during a natural disaster
Identification Information

• 22. Verify Accuracy of Pre-Filled Information
  – This item is for assessments done with software only and is intended to verify that information that pre-fills from KAMIS is accurate
    • Accurate (no updates needed)
    • Updates needed (indicate in notes and update person admin in KAMIS)
Identification Information

• 23. Person’s expressed goals of care
  – This goal should be the person’s own stated goal and should not be defined or inferred by the assessor
  – However, if person struggles to define a goal, the assessor can help them identify a goal
    • Common goals include community involvement goals, fitness goals, hobby-related goals, rehab-related goals
  – Enter all goals in large open box, in narrative format
  – Enter primary goal in small boxes at bottom
Questions?