

# 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](http://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

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**Questions?**