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MFEI Tools User Guide

1. MFEI Tools Overview

The MFEI Online Tools allows the user to administer the MFEI assessment with software that responds to data inputs. This user guide will provide information on software features, navigation and the overall workflow of the software. There are many benefits and advantages to the MFEI software, including:

- The software is available only online.
- The software uses skip patterns to ensure that only required items are assessed.
- The software ensures that no required items are skipped.
- The software allows the assessor to move around to different parts of the assessment (i.e., the assessment does not need to be completed in front-to-back order, however, changes made to previous screens may impact the data as it feeds into other sections.).
- The software allows for notes.
- The software allows documents to be attached.
- The software calculates and displays the functional eligibility result. It also determines the appropriate PASRR referral for CARE participants.
- The software eliminates the need for manual data entry into KAMIS.

The software system is HIPAA compliant.

2. Features of the MFEI Online and Offline Tools

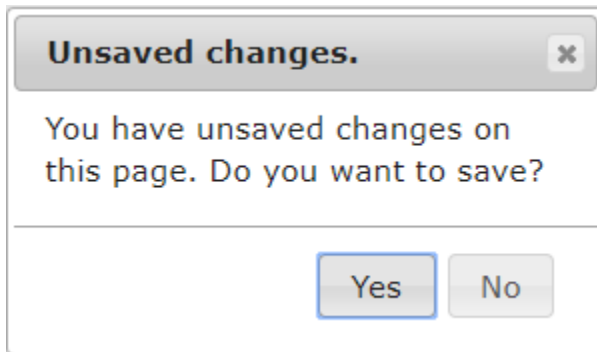
The following section will highlight some of the features of the software.

a) Navigation

Guided messages will appear as you move through the software.

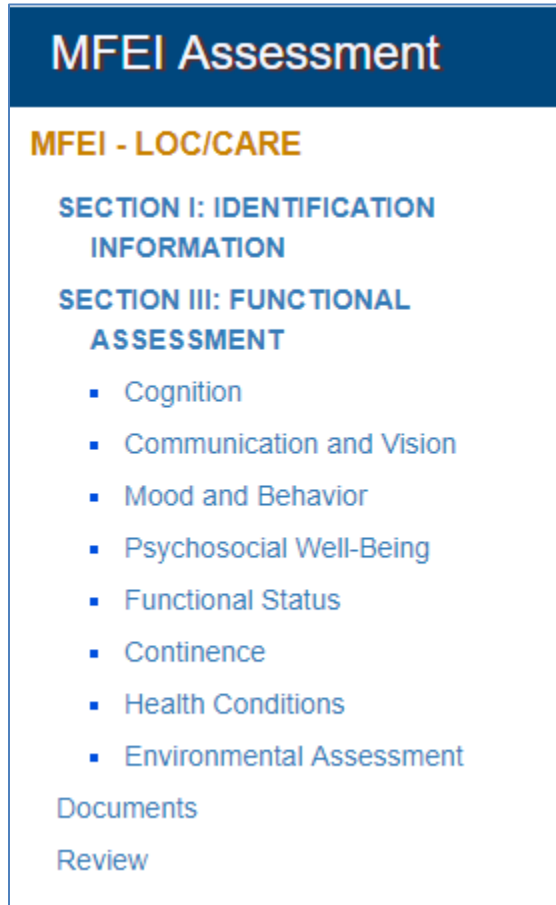


Messages appear to confirm actions.



b) Menu

The menu appears on the left side of the screen. The menu will populate with the sections associated with the type of assessment selected.



c) Icons & Messages

Icons offer information. Mouse over for expanded information.

12. Assessment Information

a. Assessor Name: ASSESSOR04 TEST

b. ADRC PSA Number -or- Hospital Name: 4

c. Assessment Reference Date (Month/Day/Year): 08-01-2019

d. Additional Persons present at Assessment

Person 1 Name: Test

Relationship of Person 1: Other (Specify)

Other: [Red error message: Other must have some value]

Other:

Person 2 Name:

Relationship of Person 2: Select One

Additional clarifying messages are provided.

You must complete the missing information prior to submitting the assessment.

Section		
SECTION I	Identification Information	Edit
SECTION III	Cognition	Edit
SECTION III	Mood and Behaviors	Edit
SECTION III	Psychosocial Well-Being	Edit
SECTION III	Functional Status	Edit

Assessment completion is clearly indicated.

Review

All sections have been completed for the assessment.

Assessment Number: 1725553

Assessment Date: 03-01-2019

Assessor Name: ASSESSOR01 TEST1

Functional Eligibility Status: -

Form Status: WORK IN PROGRESS

Comments for Next Assessment:

Comment

7 of 2000

d) Skip patterns / logic

The software will respond based on the answers provided. Examples below:

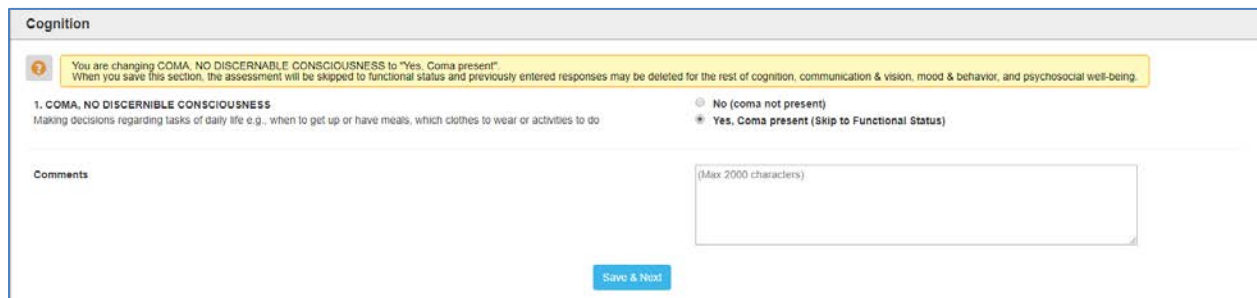
- The software responds to the type of assessment chosen; the questions that appear are specific to the type of assessment.
- If the assessor is doing a CARE assessment, they will see the PASRR in the left menu. Other assessments do not require the PASRR and that section will not show.
- The software will respond adaptively based on the answers provided. For example, instead of seeing "if no, skip to section 4" the software will take the user to the appropriate section.

e) Save

Save your work as you move through the assessment.



As previously communicated, the software responds to the type of assessment chosen and the questions that appear are specific to the type of assessment. If the type of assessment is changed after data has been entered, the software will provide information that previously entered data may not apply to the new assessment type and will be deleted.



f) Partial Save

The software will allow the user to partially save information. When you click save on a partially completed screen, you will need to confirm the action. In addition, when you move to another section before the current section is completed you will see the screen below and need to confirm the action.



g) Skip sections

Some sections may not appear based on the assessment type that is selected. If you make changes to the assessment type or assessor type, you will see a screen alerting you to potentially deleting information based on the new selection.

MFEI Assessment Print Assessment / Add Feedback

MFEI - LOCICARE

SECTION I: IDENTIFICATION INFORMATION

SECTION III: FUNCTIONAL ASSESSMENT

- Cognition
- Communication and Vision
- Mood and Behavior
- Psychosocial Well-Being
- Functional Status
- Continence
- Health Conditions
- Environmental Assessment

Documents
Review

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[UPDATED: MOIS-HC 2.0]
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Not an interRAI item(s)

Cognition

1. COMA, NO DISCERNIBLE CONSCIOUSNESS No (coma not present)
 Yes, Coma present (Skip to Functional Status)

You are changing COMA, NO DISCERNIBLE CONSCIOUSNESS to "Yes, Coma present". When you save this section, the assessment will be skipped to functional status and previously entered responses may be deleted for the rest of cognition, communication & vision, mood & behavior, and psychosocial well-being.

Making decisions regarding tasks of daily life e.g., when to get up or have meals, which clothes to wear or activities to do

Comments

[Save & Next](#)

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h) Data validation

The software will communicate when fields have not been completed.

MFEI Assessment Print Assessment / Add Feedback

MFEI - LOCICARE

SECTION I: IDENTIFICATION INFORMATION

SECTION III: FUNCTIONAL ASSESSMENT

- Cognition
- Communication and Vision
- Mood and Behavior
- Psychosocial Well-Being
- Functional Status
- Continence
- Health Conditions
- Environmental Assessment

Documents
Review

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[UPDATED: MOIS-HC 2.0]
www.interRAI.org
Not an interRAI item(s)

SECTION I: Identification

1. Name

a. First Name

b. Middle Initial

c. Last Name

d. Jr/Sr

Preferred Name

2. Assessment Type

3. Gender

4. Birthdate

5. Income Below Poverty Level? Yes
 No
 Unknown

Income Below Poverty Level must have some value.

6. Consumer Contact

Address

Apt#

i) Section Comments

Software will capture text in comment boxes. Text entered in the comment boxes need to pertain to the assessment. Character limitations are clearly communicated.

5. BI Cognition

a. Fund of information *
Problems remembering information learned in school or on the job, difficulty remembering information about self and family from years ago.

b. Impaired self-awareness *
Lack of recognition of personal limitations and disabilities, and how they interfere with everyday activities and work or school.

c. Susceptibility to victimization *
Lack of recognition of personal limitations and disabilities, and how they interfere with everyday activities and work or school.

d. Safety judgment in emergency situations *
Includes orientation to situation, awareness of deficits and their implications, ability to plan ahead, ability to understand the natures of situations involving potential danger and to identify risks involved, freedom from impulsivity, ability to remember safety related information, ability to protect self against victimization by others, and ability to respond appropriately if danger arises.

Who was the primary informant for information on Cognition? *

Which additional informants provided information on Cognition? *

Consumer
Family/friend
Legal guardian/dpoa
Provider

Comments (Max 2000 characters)

Save & Next

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j) Eligibility status

Results of the assessment is clearly communicated on the review screen.

MFEI Assessment

Print Assessment | Add Feedback

MFEI - LOCICARE

SECTION I: IDENTIFICATION INFORMATION

SECTION III: FUNCTIONAL ASSESSMENT

- Cognition
- Communication and Vision
- Mood and Behavior
- Psychosocial Well-Being
- Functional Status
- Continence
- Health Conditions
- Environmental Assessment

Documents

Review

Footer: BetterRAI HC 1914-2019 (8.1.2) | UPDATED MDS-HC 3.0 | www.betterrai.org | Not an MFEI/RAI item(s)

Review

All sections have been completed for the assessment.

Assessment Number: 1726167

Assessment Date: 11-02-2019

Assessor Name: ASSESSORAL TEST

Functional Eligibility Status: **Eligible**

Form Status: **APPROVED**

Comments for Next Assessment: test

Social Assessor Name: test

Social Assessor Title: test

Social Assessor Comments: test

I certify that this assessment is, to the best of my ability, accurate and complete.

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3. Creating New MFEI Assessment Using the MFEI Online Tool

Creating a new MFEI Assessment must be done through MFEI APEX application.

a) Signing-In to KDADS website

Sign in to the KDADS Website.

KDADS Login Page for Web Applications

[Login \(default\)](#) [Forgot Password](#) [Change Password](#)

Username

Password

Instructions - Click links below to Expand

[First Time User](#) view

[Normal](#) view

[Forgot Password?](#) view

[Change Password](#) view

Contact Information and Hours of Operation

If you do not have a Login to KDADS Web Applications Complete the [KDADS Web Application Access Security Agreement](#).

For Assistance or Questions - Contact KDADS Help Desk
Help Desk hours are from 7:00 am to 5:00 pm Monday thru Friday
Voice Mail for after hours messages

Phone: 785-296-4987
E-Mail: KDADS_HELPDESK@ks.gov
Fax: 785-296-0256

KDADS Web Applications - Hours of Availability

Week Days	2:00am - 10:30pm
Saturday	2:00am - 10:30pm
Sunday	11:00am - 10:30pm

On State of Kansas observed holidays, the system is available, however, ISD staff will not be available for assistance during these holidays, as well as Saturdays and Sundays.

b) KDADS Web Applications Home Page

Click on KAMIS II icon.



c) Perform person search

Enter information and click 'search'. If person doesn't exist, the user must create the person.

Person Search

KAMIS ID

First Name

Last Name

SSN

Medicaid ID #

Date of Birth

Results for person search. Select person and verify person's information.

NOTE: this screen contains HIPAA informations and should not be viewed by others.

Search Selections

Reset Selections
done: 0:01

Search Results (Sorted by Last, First, Middle)

Searched by Person Number												
Original Eff Date	Effective Date	Person #	First	Middle	Last	DOB	SSN	Organization	Current Medicaid #	Customer Status	Update Person	View Forms
01/03/2018	01/03/2018	770272	BLUE		SMURF	03/05/1976	000-00-0000	Primary 1		ACTIVE		

row(s) 1 - 1

Click on Update Person to update identification information.

Click on View Forms to go to Forms Listing

d) Creating MFEI form

Click on Create New Form. Select Medicaid Functional Eligibility Instrument (MFEI) form.

The screenshot shows the 'Customer Forms Listing' page. At the top left, a red box highlights the 'Create New Form' button. Below it is a table with columns: Form Type, Form Date, Form Status, Organization, Unmet Needs, and Plan of Care or Service Authorization. The table contains the text 'No forms found'. Below the table are two text input fields for 'Request that Organization Grant a Share' and 'Request that Organization Grant a Transfer', each with a 'Comment' label. A modal window is open over the table, titled 'Customer Forms Listing'. It has a 'Select a Form:' section with three options: 'Functional Assessment Instrument (FAI)', 'Medicaid Functional Eligibility Instrument (MFEI)', and 'Uniform Assessment Instrument (UAI) - Version 3'. The 'MFEI' option is highlighted with a red box. Below the options is a 'Cancel' button. At the bottom of the modal, there is a section for 'System Documentation' with a note: 'Note: Any form type that does not have corresponding view/save branch cre -Logan Reynolds 5/5/06'.

e) Select Start Assessment Now Using MFEI Online Tool

Click on “Start Assessment Now Using Online Tool” button.

The screenshot shows the 'Get Started' page. At the top, there is a 'Select Assessment Type:' dropdown menu set to 'BI(Adult)' and an 'Assessment Date:' input field. Below this are two main sections. The left section is titled 'Start Assessment Now Using Online Tool' and features a green globe icon. A red circle highlights the 'Start MFEI Assessment Now' button. Below this button is a link: 'Download MFEI Online Tool Software Guide (Opens in a new window)'. The right section is titled 'Complete Assessment Using Offline Tool' and features an orange download icon. Below this is a link: 'Complete Assessment Using Offline Tool'. Below this link are three links: 'Download MFEI Offline Tool Installer (Opens in a new window)', 'Download Hardware Readiness Checklist (Opens in a new window)', and 'Download MFEI Offline Tool Software Guide (Opens in a new window)'.

f) Section I – Identification

Identification information is auto-populated from KAMIS. If this information needs to be updated, put notes in comments and update the information in KAMIS - Person Administration.

Move through the assessment and complete the sections required. As you move through the tool, immediate confirmation is received as the fields are completed accurately. Click Next to move to the next section.

The screenshot displays the MFEI Assessment tool interface. The top header is blue with the text "MFEI Assessment" on the left and "Print Assessment" and "Add Feedback" on the right. A left sidebar contains a navigation menu with sections: "MFEI - LOC/CARE", "SECTION I: IDENTIFICATION INFORMATION", "SECTION III: FUNCTIONAL ASSESSMENT" (with sub-items: Cognition, Communication and Vision, Mood and Behavior, Psychosocial Well-Being, Functional Status, Continence, Health Conditions, Environmental Assessment), "Documents", and "Review". Below the menu is a small information box: "InterRAI HC 1094-2019 (v 1.2) [UPDATED MDS-HC 2.0] www.interrai.org Not an InterRAI Item(s)".

The main content area is titled "SECTION I : Identification" and contains the following fields:

- 1. Name
 - a. First Name: BLUE
 - b. Middle Initial
 - c. Last Name: SMURF
 - d. Jrr/Sr.
- Preferred Name

Section II is titled "21. Disaster Risk (e.g. need for first response)" and includes a list of checkboxes:

- ELECTRIC
- NONE
- MEDICATION ASSISTANCE
- COGNITIVE/MENTAL HEALTH ISSUES
- NO INFORMAL SUPPORT
- PHYSICAL IMPAIRMENT

Section III is titled "22. Verify Accuracy of Pre-Filled Information" and includes radio buttons:

- Accurate (no updates needed)
- Updates needed (indicate in notes and update person admin in KAMIS)

Section IV is titled "23. Person's Expressed Goals of Care" and includes:

- Major Goals: A text input field containing "TEST".
- Primary Goal: A smaller text input field containing "TEST".
- Comments: A larger text input field containing "TEST".

At the bottom of the form, there is a blue button labeled "Save & Next". A footer note reads: "For a more accurate assessment, use all available sources of information, including participant interview, conversations with caregivers, observations, and review of available documents."

g) Section III – Functional Assessment

Section III contains several sub sections. You must complete all parts of Section III.

The screenshot shows the 'MFEI - LOC CARE' interface. A red box highlights the 'SECTION III: FUNCTIONAL ASSESSMENT' menu item in the left sidebar. The main content area is titled 'Cognition' and contains several assessment sections:

- 1. COMA, NO DISCERNIBLE CONSCIOUSNESS**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[No (coma not present)]
[Yes, Coma present (Skip to Functional Status)]
- COGNITIVE SKILLS FOR DAILY DECISION MAKING**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Select One]
- MEMORY / RECALL ABILITY**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
Short-term memory OK
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Yes, Memory OK] [Memory Problem]
- Procedural memory OK**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Yes, Memory OK] [Memory Problem]
- Situational memory OK**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Yes, Memory OK] [Memory Problem]
- 4. PERIODIC DISORDERED THINKING OR AWARENESS**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
a. Easily distracted
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Select One]
- b. Episodes of disorganized speech**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Select One]
- c. Mental function varies over the course of the day**
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]
[Select One]

h) Documents

Upload any necessary documents to support assessment. Example of required documents include supporting medical documentation, certification information, etc.

Click Choose File to initiate the process.

Name the file.

File parameters (max file size, file extension) allowed are communicated.

Click Submit to upload the file.

The screenshot shows the 'Document Upload' interface. It includes a search bar, a table of uploaded files, and an 'Upload File' section. The 'Upload File' section is highlighted with a red box and contains the following fields and buttons:

- File Name:** [Text input field]
- File:** [Choose File] [No file chosen]
- Max file size allowed:** 5 MB
- File extension allowed:** .txt, .png, .jpg, .jpeg, .bmp, .doc, .docx, .xls, .xlsx, .pdf, .rtf
- Submit** button
- Next** button

Download	File	File Name	Uploaded By	Date Uploaded	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:11:04 pm	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:49 pm	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:34 pm	Remove

Uploaded files are listed with date.

Delete files by clicking Remove.

Document Upload

Refer to instruction manual for additional instructions on acceptable forms of documentation.

Search: Go

Download	File	File Name	Uploaded By	Date Uploaded	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:11:04 pm	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:49 pm	Remove
Download (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:34 pm	Remove

1 - 3

Upload File

File Uploaded 03/05/19 02:11:04 PM

File Name:

File: No file chosen

Max file size allowed: 5 MB
File extension allowed: .txt, .png, .jpg, .jpeg, .bmp, .doc, .docx, .xls, .xlsx, .pdf, .rtf

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i) Review

Review screen identifies sections that need to be completed. Click Edit to go directly to that section.

Review

You must complete the missing information prior to submitting the assessment.

Assessment Number: 1726159

Assessment Date: 08-01-2019

Assessor Name: ASSESSOR04 TEST

Functional Eligibility Status: --

Assessment Status: WORK IN PROGRESS

Section		
SECTION I	Identification Information	<input type="button" value="Edit"/>
SECTION III	Cognition	<input type="button" value="Edit"/>
SECTION III	Communication and Vision	<input type="button" value="Edit"/>
SECTION III	Mood and Behaviors	<input type="button" value="Edit"/>
SECTION III	Psychosocial Well-Being	<input type="button" value="Edit"/>
SECTION III	Functional Status	<input type="button" value="Edit"/>
SECTION III	Continence	<input type="button" value="Edit"/>
SECTION III	Health Conditions	<input type="button" value="Edit"/>
SECTION III	Environmental Assessment	<input type="button" value="Edit"/>

Review screen with all sections completed. Click submit.

MFEI Assessment Print Assessment Add Feedback

MFEI - LOC/CARE

SECTION I: IDENTIFICATION INFORMATION

SECTION II: FUNCTIONAL ASSESSMENT

- Cognition
- Communication and Vision
- Mood and Behavior
- Psychosocial Well-Being
- Functional Status
- Continence
- Health Conditions
- Environmental Assessment

Documents
Reviews

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(UPDATED MDS-HC 2.0)
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Review

All sections have been completed for the assessment.

Assessment Number: 1726158
Assessment Date: 08-01-2019
Assessor Name: ASSESSOR04 TEST
Functional Eligibility Status: -
Form Status: WORK IN PROGRESS

Comments for Next Assessment:

Test

4 of 1000

SOCIAL ASSESSOR SIGNATURE

Instructions: Enter name (required) and optional title and any comment then click on "Sign".

Social Assessor Name:

Test

Social Assessor Title:

Test

Social Assessor Comments:

Test

4 of 2000

I certify that this assessment is, to the best of my ability, accurate and complete.

Abort Submit

Confirmation message appears.

Confirm Submission ✕

Assessment will be submitted
and no changes can be made.
Are you sure?

Yes
No

j) Results Screen

The Results screen will contain the Functional Eligibility Status.

k) Viewing Assessment

To view assessment, find the person in the assessments listing. Once you have the person selected, click on Customer Forms list.

Original Eff Date	Effective Date	Person #	First	Middle	Last	DOB	SSN	Organization	Current Medicaid #	Customer Status	Update Person	View Forms
01/03/2018	01/03/2018	770272	BLUE		SMURF	03/05/1976	000-00-0000	Primary 1		ACTIVE		(s) 1 - 1

On Customer Forms listing, click on MFEI Assessment to view the assessment.

Form Type	Form Date	Form Status	Organization	Unmet Needs	Plan of Care or Service Authorization
MFEI_CARE - Care	03/29/2019	WORK IN PROGRESS	1		
MFEI - PHYSICALLY DISABLED	03/28/2019	APPROVED	1		CREATE
MFEI - PHYSICALLY DISABLED	03/28/2019	APPROVED	1		CREATE
MFEI - PHYSICALLY DISABLED	03/27/2019	APPROVED	1		CREATE
MFEI - TBI rehabilitation facility	03/27/2019	WORK IN PROGRESS	1		

l) Printing Assessments

There are two ways to print the assessment from KAMIS. You can print while you are in the assessment by clicking Print Assessment button.

Or you can print the assessment from the Customer Forms Listing page.

Customer Forms Listing

[Create New Form](#)

Form Type	Form Date	Form Status	Organization	Unmet Needs	Plan of Care or Service Authorization
MFEI - PACE	03/15/2019	WORK IN PROGRESS	1		
MFEI - FRAIL ELDERLY	03/15/2019	ABORTED	1		
MFEI_CARE - Care	03/07/2019	APPROVED	1		APPROVED

Printing from any of the above options will open print view. You can click on the print button to view the layout.

MFEI Assessment [Print](#) [Add Feedback](#)

Kansas
Department for Aging
and Disability Services

SECTION I: IDENTIFICATION INFORMATION

1. Name

a. First Name BLUE

b. Middle Initial

c. Last Name SMURF

d. Jr/Sr.

Preferred Name

2. Assessment Type BI(Adult)

3. Gender

4. Birthdate 03-05-1976

View the layout, select the printer and print.

m) Signing Out of MFEI Online Tool

Click on 'logout' to sign out of the software.

Kansas
Department for Aging
and Disability Services

Welcome to the KDADS Web Applications

Logout (0/0)

DEVELOPMENT
Version: 4.2.3.201805050134817
Welcome: ASSESSOR TEST [12]
Logout: 03/05/2018 10:00:00

[Home Page](#) [Your Profile](#) [Roles](#) [Users by Role](#) [User Search](#) [Help](#) [Hospitals](#) [Login Records](#) [Login Log](#) [Email Logs](#) [Role Summary](#) [Role Summary II](#)