# MFEI Software Training



#### Training Overview

- Software Overview
- The MFEI Online Tool
- The MFEI Offline Tool
- Questions



#### Software Overview

MFEI Software tools have been developed to support assessors in various settings as they complete the MFEI Assessment.

#### **MFEI Online Tool**

The MFEI Online Tool allows the user to administer the MFEI assessment within the current KAMIS online system.

It is a browser-based application that works when connected to the internet.

#### **MFEI Offline Tool**

The MFEI Offline Tool allows the assessor to administer the MFEI assessment in the field.

It is a desktop-based application that works with or without internet connection.



#### MFEI Process Overview

- MFEI tools are integrated with the current KAMIS (Kansas Assessment Management Information System) system.
- The diagram shows the interrelated components and we'll go into details in the next few sections.





#### MFEI Tools Common Features

- 1. Skip Patterns / Logic
- 2. Informational Icons
- 3. Guided Messages & Alerts
- 4. Partial Save
- 5. Data Validation
- 6. Document Upload
- 7. Integrated Algorithm to determine Functional Eligibility



## Skip Patterns / Logic

- The software responds to the type of assessment chosen; the questions that appear are specific to the type of assessment.
- 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.



## Informational Icons

Icons are included throughout the software.

lcon	Title	Purpose
	Menu	Click on menu icon to collapse / expand
<b>f</b>	Home	Click on home icon to go back to assessments listing
3	Help	Click on help icon for help.
	Sign out	Click on lock icon to sign out.
	Online	There is internet connection.
l Offline	Offline	There is no internet connection.
$\bigcirc$	Complete	Information is correctly and completely entered.
<b>£</b>	Information missing	Mouse over the I Icon to find out more information.
8	Question	Question icon will appear when a change is being made that may affect the assessment data entered.



#### Alert Messages

#### Additional clarifying messages are provided.

You must complete the missing information prior to submitting the assessment.		8
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



#### Alert Messages

Message appears when trying to leave a page without saving information.





## **Confirmation Messages**

## Success of actions are communicated.

Μ	FEI OFFLINE TOOL			🖸 Feedback 💄 ASSESSOR04 TEST	
E	KAMIS ID: 770272 Assessme	nt ID: 1726170 Name: BLUE SMURF Organizatio	n: KDADS		
	MFEI - LOC/CARE	SECTION I: IDENTIFICATION INFORMA	TION		Save
<ul><li>♠</li><li>♀</li></ul>	SECTION I: IDENTIFICATION INFORMATION SECTION III: FUNCTIONAL	a. Social Security Number	0		-
-		b. Medicare Number (or comparable railroad insurance number)			
	Communication and Vision     Mood and Behavior	c. Medicaid Number	1231234567		
	Psychosocial Well-Being     Functional Status	d. KAMIS ID	770272		
	<ul> <li>Continence</li> <li>Health Conditions</li> <li>Environmental Assessment</li> <li>Documents</li> <li>Review</li> </ul>	8a. Current Payment Sources	Medicaid Medicare Medicaid (e.g.dual enrolled) TRICARE-ECHO Self or family pays for full cost Private insurance Other per diem		θ
		b. Veteran Status			
		Veteran?	No		
		Spouse of Veteran?	No		
		Received Veterans Benefits?	No		
		9. Marital Status			
	©interRAI HC 1994-2017 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org ♣ Not an interRAI item(s)	10. Legal Guardian or DPOA Contact	DPOA, Finances DPOA, Healthcare DPOA, Other/Unspecified Legal Guardian Designated representative	Saved Successfully.	•
Ka	nsas Department for Aging and Disabilit	y Services			Version 1.0





The software will allow 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.





#### Data Validation

#### The software will communicate when fields have not been completed. Mouse over 'i' icon for more info.

d. Additional Persons Present at Assessment		
Person 1 Name:	name 1	
Relationship of Person 1	Select One	
Person 2 Name:	Please select relationship type	
Person 3 Name:		
Person 4 Name:		
Person 5 Name:		



#### Document Upload

Upload any supporting documents.

efer to instruction manual for additional instructions on acceptable forms of docume	entation.	
File	Date Uploaded	
1. File 1 APEX Testing.docx (Opens in a new window)	2019-03-05 19:35:02	Remove
2. File 2 test1.txt (Opens in a new window)	2019-03-05 19:35:12	Remove
3. File 3 test1.txt (Opens in a new window)	2019-03-05 19:35:28	Remove
4. File 4 test1.txt (Opens in a new window)	2019-03-05 19:35:42	Remove
5. File 3 test1.txt (Opens in a new window)	2019-03-05 19:37:00	Remove
Enter file title         Choose File         No file chosen         Add           Max file size allowed: 5 MB         File extension allowed: *.txt, *.png, *.jpg, *.jpeg, *.bmp, *.doc, *.docx, *.xls, *.xlsx, *.pdf, *.rtt         File extension allowed: *.txt, *.png, *.jpeg, *.bmp, *.doc, *.docx, *.xls, *.xlsx, *.pdf, *.rtt         File extension allowed: *.txt, *.png, *.jpeg, *.bmp, *.doc, *.docx, *.xls, *.xlsx, *.pdf, *.rtt	2 r	
		Save & N



#### Integrated Algorithm

Upon successful data collection and assessment submission, the Functional Eligibility status will be communicated.

This is possible due to the algorithm that supports the responses with the data collection process.



## MFEI Online Tool



#### Workflow Using MFEI Online Tool













#### Person Search

Search for the person for whom you will be doing the assessment

Enter information and click 'search.'

If the person doesn't exist, create the person.

-		
		↓
Person Search		Person Search
		reison search
First Name		↓ 
Last Name		Create new MFEI assessment form
SSN		
Medicaid ID #		↓
Date of Birth		Start MFEI assessment using MEEL Online Tool
Search	Reset	
		Complete



assessment & submit

Login to KDADS

Web Application

#### Person Search Results Screen

Select person and verify person's information.

If the person's information needs to be updated, click Update Person.

Then, click View Forms.

_															assessment form
ſ	Search Sel	ections													
	Person # 770272	First Nar	ne (optional)		Last Name	e (Two char	acter minimum)	SS	N Me	dicaid #:	Date of	Birth	Search done: 0:01	Reset Selections	Start MFEI assessment using
	Search Res	ults (Sorte	d by Last,	First,	Middle)					(	Create Ne	w Name	Entry		MFEI Online Tool
	Original Eff Date	Effective Date	Person #	First	Middle	Last	DOB	SSN	Organization	Current Medicaid #	Customer Status	Update Person	View Forms		Complete assessment &
	01/03/2018	01/03/2018	770272	BLUE		SMURF	03/05/1976	000-00-0000	Primary 1		ACTIVE	R			submit
l												row	<del>(a)</del> 1 - 1	L	

Login to KDADS

Web Application

Person Search

Create new MFEI





#### Create MFEI Form

#### Select MFEI.

Customer Forms Listing	Person Search
Select a Form:	
Functional Assessment Instrument (FAI)	↓
Medicaid Functional Eligibility Instrument (MFEI)	Create new MFEI assessment form
Uniform Assessment Instrument (UAI) - Version 3	
Cancel	Start MFEI
System Documentation	assessment using MFEI Online Tool
This page is used to route a view/edit/create form request from page 30 to t	L
Cache for ALL pages corresponding to the selected form type should be cle	↓
Note: Any form type that does not have corresponding view/save branch cre -Logan Reynolds 5/5/06	Complete assessment & submit



Login to KDADS

Web Application



#### Begin the Assessment

You will be taken to the Identification Section. 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.

ave & Nex

22. Verify Accuracy of Pre-Filled information	<ul> <li>Accurate (no updates needed)</li> <li>Updates needed (indicate in notes and update person admin in KAMIS)</li> </ul>	
23. Person's Expressed Goals of Care Major Goals	TEST	Start MFEI assessment using MFEI Online Tool
Primary Goal	4 of 2000 TEST	
Comments	TEST 4 of 2000	Complete assessment & submit
For a more accurate assessment, use all available sources of information, including participant inter	rview, conversations with caregivers, observations, and review of available documents.	

Login to KDADS Web Application

Person Search

Create new MFEI assessment form

#### Section I - Identification

MFEI Assessment			Print Assessment Add Feedback
MFEI - LOC/CARE	SECTION I : Identification	n	
SECTION I: IDENTIFICATION INFORMATION SECTION III: FUNCTIONAL ASSESSMENT Cognition Communication and Vision Mood and Behavior Psychosocial Well-Being Functional Status	1. Name a. First Name b. Middle Initial c. Last Name d. Jr/Sr. Preferred Name	BLUE SMURF	
Continence     Health Conditions     Environmental Assessment Documents	2. Assessment Type	22. Verify Accuracy of Pre-Filled information	<ul> <li>Accurate (no updates needed)</li> <li>Updates needed (indicate in notes and update person admin in KAMIS)</li> </ul>
Review	3. Gender		
©InterRAI HC 1994-2019 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org ♣ Not an interRAI item(s)	4. Birthdate	23. Person's Expressed Goals of Care Major Goals	TEST
	5. Income Below Poverty Le		
	6. Consumer Contact	Primary Goal	4 of 2000 TEST
	Address Apt# City County State Zip	Comments	TEST
		For a more accurate assessment, use all available sources of information, including participant intervio	ew, conversations with caregivers, observations, and review of available documents.



#### Section III – Functional Assessment

MFEI - LOC/CARE	Cognition			
SECTION I: IDENTIFICATION	1. COMA, NO DISCERNIBLE CONSCIOUSNESS	No (coma not present)		
SECTION III: FUNCTIONAL ASSESSMENT	Making decisions regarding tasks of daily life e.g., when to get up or have meals, which clothes to wear or activities to do	Yes, Coma present (Skip to Fu Yes, Coma present (Skip to Fu	inctional Status)	
Cognition     Communication and Vision     Mood and Behavior	2. COGNITIVE SKILLS FOR DAILY DECISION MAKING Making decisions regarding tasks of daily life e.g., when to get up or have meals, which clothes to wear or activities to do	Select One		•
Psychosocial Well-Being     Functional Status     Continence	3. MEMORY / RECALL ABILITY Code for recall of what was learned or known.			
<ul><li>Health Conditions</li><li>Environmental Assessment</li></ul>	a. Short-term memory OK Seems / appears to recall after 5 minutes (e.g. 3-word recall)	Yes, Memory OK	Memory Problem	
Documents Review	b. Procedural memory OK Can perform all or almost all steps in a multitask sequence without cues	Yes, Memory OK	Memory Problem	
©interRAI HC 1994-2019 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org ✔ Not an interRAI item(s)	c. Situational memory OK Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room)	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 e.g., episodes of difficulty paying attention; gets sidetracked	Select One		V
	b. Episodes of disorganized speech e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought	Select One		¥
	c. Mental function varies over the course of the day e.g., sometimes better, sometimes worse	Select One		¥



#### Documents

Upload any supporting documents.

Please note you can upload documents after the assessment has been submitted and approved.

Oocument Upload					
efer to instruction manual for additiona	al instructions on acceptable forms of doo	umentation.			
Qv	Go				
Download	File	File Name	Uploaded By	Date Uploaded	Remove
ownload (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:11:04 pm	Remove
ownload (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:49 pm	Remove
ownload (Opens in a new window)	test1.txt	test	TEST	03/05/2019 02:10:34 pm	Remove
ïle Name:	File: Choose File No file chosen				
	Max file size allowed: 5 MB File extension allowed: .txt, .png	jjpg, .jpeg, .bmp, .doc, .docx, .xls, .xlsx, .pdf, .rtf			
	Submit				
		Next			
rvices		KDADS Disclaimer   Kansas Open Records   KDADS Privacy Statement     Kansas.gov Home Page   Contact <u>KDADS</u>			Version



#### Review – Incomplete Sections

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	Edit
SECTION III	Cognition	Edit
	Mood and Behaviors	Edit
	Psychosocial Well-Being	Edit
	Functional Status	Edit
	Continence	Edit
	Health Conditions	Edit
	Environmental Assessment	Edit

#### Review – Completed Sections

	🚔 Print Assessment	🖍 Add Feedback
Review		
All sections have been completed for the assessment.		
Assessment Number: 1725953		
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	
	/ 01 2000	



## Submit

MFEI - LOC/CARE     Review       SECTION I: DENTIFICATION INFORMATION     All sections have been completed for the assessment.       SECTION II: FUNCTIONAL ASSESSMENT     Assessment Number: 1726159       - Cognition     Assessor Name: ASSESSOR04 TEST       - Communication and Vision     Functional Eligibility Status -       - Psychosocial Well-Being     Comments for Next Assessment:       - Continence     Comments for Next Assessment:       - Health Conditions     Total	Person Search
SECTION I: IDENTIFICATION INFORMATION       All sections have been completed for the assessment.         SECTION III: FUNCTIONAL ASSESSMENT       Assessment Number: 1726159         ASSESSMENT       Assessment Date: 08-01-2019         - Cognition       Assessor Name: ASSESSOR04 TEST         - Communication and Vision       Functional Eligibility Status: -         - Psychosocial Well-Being       Form Status: WORK IN PROGRESS         - Functional Status       Comments for Next Assessment:         - Continence       -         - Health Conditions       Total	Person Search
Not outline     Assessment Number: 1726159       SECTION III: FUNCTIONAL ASSESSMENT     Assessment Date: 08-01-2019       Cognition     Assessor Name: ASSESSOR04 TEST       Communication and Vision     Functional Eligibility Status: -       Mood and Behavior     Form Status: WORK IN PROGRESS       Form Status: WORK IN PROGRESS       Continence       Health Conditions	Create new MFEI
ASSESSMENT       Assessment Date: 08-01-2019            • Cognition         • Assessor Name: ASSESSOR04 TEST         • Communication and Vision         • Mood and Behavior         • Psychosocial Well-Being         • Functional Eligibility Status: •         • Form Status: WORK IN PROGRESS         • Continence         • Health Conditions         • Health Conditions         • Health Conditions         • Health Conditions         • Continence         • Health Conditions         • Health Conditions         • Continence         • Health Conditions         • Health Conditions         • Continence         • Continence         • Continence         • Continence         • Continence         • Continence         • Health Conditions         • Continence	Create new MFEI
• Cognition       • Cognition       • Assessor Name: ASSESSOR04 TEST       • Communication and Vision       • Mood and Behavior       • Psychosocial Well-Being       • Functional Etigibility Status: -       • Form Status: WORK IN PROGRESS       • Functional Status       • Continence       • Health Conditions       • Health Conditions       • Health Conditions       • Continence       • Continence       • Health Conditions       • Continence       • Continence       • Health Conditions       • Continence       • Continence       • Health Conditions       • Continence       • Contin	Create new MFEI
Functional Eligibility Status: -       Mood and Behavior       Psychosocial Well-Being       Functional Status       Continence       Health Conditions	 Create new MFEI
• Psychosocial Well-Being       • Form Status: WORK IN PROGRESS         • Functional Status       Comments for Next Assessment:         • Continence       Tcstt         • Health Conditions       Logities	Create new MFEI
Functional Status     Comments for Next Assessment:       • Continence       • Health Conditions	Create new MFEI
Continence     Health Conditions	Create new MFEI
Health Conditions	
	assessment form
Environmental Assessment	
Review	
SOCIAL ASSESSOR SIGNATURE	
(UPDATED MDS-HC 2.0)	¥
www.interRAI.org     Social Assessor Name:       * Not an interRAI item(s)     Test	
Social Assessor Title:	Start MFEI
Social Assessor Comments:	assessment using MFEI Online Tool
Assessment will be submitted	
and no changes can be made.	$\checkmark$
Are vou sure?	•
	Complete
Yes No	submit



Login to KDADS Web Application

#### **Results Screen**

MFEI Assessment			🖨 Print Assessment	🖍 Add Feedback
MFEI - LOC/CARE	Review			
WIFEL ASSESSMENT         SECTION I: IDENTIFICATION INFORMATION         SECTION III: FUNCTIONAL ASSESSMENT         • Cognition         • Cognition         • Cognition         • Mood and Behavior         • Psychosocial Well-Being         • Functional Status         • Continence         • Health Conditions         • Environmental Assessment         Documents         Review         ©interRAI HC 1994-2019 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org         * Not an interRAI item(s)	Review         All sections have been completed for the assessment.         Assessment Number: 1726167         Assessment Date: 11-02-2018         Assessor Name: ASSESSOR04 TEST         Functional Eligibility Status: Eligible         Form Status: APPROVED         Comments for Next Assessment:         Social Assessor Name:         Social Assessor Title:         Social Assessor Comments:         I certify that this assessment is, to the best of my ability, accurate and complete.	test test test test		Add Feedback
Kansas Department for Aging and Disabi	ty Services	KDADS Disclaimer   Kansas Open Records   KDADS Privacy Statement     Kansas.gov Home Page   Contact <u>KDADS</u>		Version 1.0



#### Print





## Signing Out of MFEI Online Tool





# Returning to the assessment prior to completion

You can return to an assessment that is in progress by accessing it through the assessment listing.

- Log in to KDADS Web Apps
- Perform Person Search
- Locate assessment in listing / click on assessment
- Continue completing the sections

Grauit π	FIIST NAU	ne (optional)		Last Name	e (Two chara	acter minimum)	SS SS	N Me	dicaid #:	Date of	Birth	Search	Depat
770272												Search	Selectio
												done: 0:01	
earch Res	ults (Sorte	d by Last.	First, I	Middle)					(	Create Ne	w Name	e Entry	
earch Res	sults (Sorte	d by Last,	First, I	Middle)					(	Create Ne	w Name	e Entry	
earch Res earched by	sults (Sorte Person Numb	d by Last, er	First, I	Middle)					(	Create Ne	w Name	e Entry	
earch Res earched by Original	Sults (Sorte Person Numb	d by Last, er	First, I	Middle)					Current	Create Ne	w Name	e Entry	
earch Res earched by Original	eults (Sorte Person Numb Effective	d by Last, er Person #	First, I First	Middle) Middle	Last	DOB	SSN	Organization	Current Medicaid #	Create Ne	Updat	e Entry View	
earch Res earched by Original Eff Date	sults (Sorte Person Numb Effective Date	d by Last, er Person #	First, I First	Middle) Middle	Last	DOB	SSN	Organization	Current Medicaid #	Create Ne Customer Status	W Name Updat Perso	e Entry View Forms	
earch Res earched by Original Eff Date	Person Numb Effective Date	d by Last, er Person # 770272	First, I First	Middle) Middle	Last	DOB	SSN	Organization Primary 1	Current Medicaid #	Create Ne Customer Status	Updat Perso	Entry View Forms	



# Document upload after assessment has been submitted

- Log in to KDADS Web Apps
- Perform Person Search
- Locate assessment in listing / click on assessment
- Jump to the Documents left menu
- Upload documents
- Sign out of KDADS Web Application web page

reison #	First Nar	ne (optional)		Last Name	e (Two chara	acter minimum)	) SS	N Me	dicaid #:	Date of	Birth	Search	Reset
770272												done: 0:0	Selecti
										Create Ne	w Nam	e Entry	
earch Res	ults (Sorte	d by Last,	First, I	Middle)					(	Create Ne	w Nam	e Entry	
earch Res	ults (Sorte	d by Last, er	First, I	Middle)					(	Create Ne	w Nam	e Entry	
Search Res Searched by Original	Person Numb Effective	d by Last, er	First, I	Middle)		202		0 1 1	Current	Create Ne	w Nam	e Entry	
earch Res earched by Original Eff Date	eults (Sorte Person Numb Effective Date	d by Last, er Person #	First, I First	Middle) Middle	Last	DOB	SSN	Organization	Current Medicaid #	Create Ne Customer Status	w Nam Updat Perso	e Entry View Forms	
Search Res Searched by Original Eff Date	Person Numb Effective Date	d by Last, er Person #	First, I First	Middle) Middle	Last	DOB	SSN	Organization	Current Medicaid #	Create Ne	W Nam Updat Perso	e Entry View Forms	



# MFEI Offline Tool

The Offline Tool is utilized in the field to collect the assessment when there is no internet.


#### Offline Tool Installation Process

- This is a one time process per machine.
- Must be installed on each machine to be used.
- Hardware readiness checklist requirements must be met.
- The Offline Tool must be downloaded in advance when there is internet access.
- Access the software download package on the KDADS website.



### Hardware Readiness Checklist

Component	Requirement
Operating System	Windows 7 or above
Processor	1 GHz or faster, x86-bit or x64-bit processor
Memory	1 GB or above
Hard disk	1 GB available disk space
Display	1024 x 768 screen resolution
Browser	Internet Explorer 11, latest version of Microsoft Edge & Chrome
PDF Reader	Adobe Acrobat Reader DC or 11.0
JavaScript	Enabled
.NET Framework	Version 4.5 is required and already included in the installer



#### Installation – One Time Process

The installer guides the user through the installation process.







#### Follow Instructions Provided

## Identify where the software will be installed, then click Next.

HFEIOfflineTool	-		x
Select Installation Folder			
The installer will install MFEIOfflineTool to the following folder.			
To install in this folder, click "Next". To install to a different folder, enter it be	low or a	click ''Bro	wse''.
Eolder: C:\Program Files (x86)\K.dads\MFEIDfflineTool\		Browse. Disk Cost	
Cancel < Back		Nex	st >

#### Confirm action by clicking Next.

🛃 MFEIOfflineTool		_		x
Confirm Installation				
The installer is ready to install MFEIOfflineT Click "Next" to start the installation.	ool on your computer.			
[	Cancel < B	ack	Next	>



### Installation Progression & Completion

#### Progress screen will show.

B MFEIOfflineTool		_	□ X
Installing MFEIOfflineTo	ol		
MFEIOfflineTool is being installed.			
Please wait			
	Cancel	< Back	Next >

## Once installation is competed, click close.

😸 MFEIOfflineTool		-	□ X
Installation Comple	ite		
MFEIOfflineTool has been succ	essfully installed.		
Click "Close" to exit.			
Please use Windows Update to	check for any critical updates to the .	NET Framew	ork.
	Cancel <	Back	Close



### Workflow using MFEI Offline Tool

The workflow in the next section will describe the steps that need to be performed when the internet is available (online mode) before going to the field and administer the assessment without the internet connection (offline mode).



### Workflow using MFEI Offline Tool





### When using MFEI Offline Tool

Internet is required for some of the steps when using the MFEI Offline Tool.

The system will inform you that internet is required when you initiate a step.







## Step 1

## Check-out Assessment through KAMIS

**Internet Required** 





### Login to KDADS Web Application

KDADS Login Page for Web Application	ons
ogin (default) Forgot Password Change Password	
Username	Contact Information and Hours of Operation
Password	If you do not have a Login to KDADS Web Applications Complete the <u>KDADS Web Application Access Security Agreement</u> .
Login	For Assistance or Questions - Contact KDADS Help Desk
	Help Desk hours are from 7:00 am to 5:00 pm Monday thru Friday
Instructions - Click links below to Expand	Voice Mail for after hours messages
First Time User view	Phone:         785-296-4987           E-Mail:         KDADS.HELPDESK@ks.gov           Fax:         785-296-0256
Normal view	Tax. 763-230-0230
Forgot Password? view	KDADS Web Applications - Hours of Availability
Change Password view	Week Days         2:00am - 10:30pm           Saturday         2:00am - 10:30pm           Sunday         11:00am - 10:30pm
Password Format and Use Requirements (Click Arrow Icon to Expand)	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.





#### Click on KAMIS II Icon







#### Person Search

Search for the person for whom you will be doing the assessment

Enter information and click 'search.'

If the person doesn't exist, create the person.

Person Searc	:h	
KAMIS ID		
First Name		
Last Name		
SSN		
Medicaid ID #		
Date of Birth		
Search		Reset



### Person Search Results Screen



Select person and verify person's information.

If the person's information needs to be updated, click Update Person.

#### Then, click View Forms.

Person # 770272	First Nan	ne (optional)		Last Name	e (Two chara	acter minimum)	SS	N Mee	dicaid #:	Date of	fBirth	Search	Reset Selec
													1
earch Res	ults (Sorte	d by Last,	First, I	Middle)					(	Create Ne	w Name	Entry	
earch Res	ults (Sorte	d by Last, er	First, I	Middle)					(	Create Ne	ew Name	Entry	
earch Res earched by F Original Eff Date	ults (Sorte <sup>P</sup> erson Numb Effective Date	d by Last, er Person #	First, I First	Middle) Middle	Last	DOB	SSN	Organization	Current Medicaid #	Create Ne Custome Status	ew Name Update Person	Entry View Forms	





#### Create MFEI Form

Click on Create New Form.

	Customer	For	rms List	ing			
ľ	Create New I	Form	1				
	Form Type	Fo	orm Date	Form Status	Organization	Unmet Needs	Plan of Care or Service Authorization
				No	forms found		
	Request that Comment	t Org	anization	Grant a Shar	e		Request Share
	Request that Comment	t Org	anization	Grant a Trans	sfer		Request Transfer





#### Create MFEI Form

#### Select MFEI.

Customer	Forms	Listing
----------	-------	---------

Select a Form:

Functional Assessment Instrument (FAI)

Medicaid Functional Eligibility Instrument (MFEI)

Uniform Assessment Instrument (UAI) - Version 3

Cancel

#### **OSystem Documentation**

This page is used to route a view/edit/create form request from page 30 to t

Cache for ALL pages corresponding to the selected form type should be cle

Note: Any form type that does not have corresponding view/save branch cre -Logan Reynolds 5/5/06



#### Checkout MFEI Assessment



Select the assessment type.

Click on 'Complete Assessment Using Offline Tool'

Get Started				
	Select Assessment Type:  Bl(Adult) Assessment Date:	Ħ		
Start Assessment N	low Using Online Tool		Complete Assessment Using Offline To	bol
Start MFEL A	Assessment Now		Complete Assessment Using Offline Tool	
Download MFEI Online Tool Soft	ware Guide (Opens in a new window)		Download MFEI Offline Tool Installer (Opens in a new window) Download Hardware Readiness Checklist (Opens in a new windo Download MFEI Offline Tool Software Guide (Opens in a new wind	w) low)

#### Checked out



#### Confirmation that the assessment has been checked out.

MFEI Assessment	🖍 Add Feedback
Confirmation	
Checked Out This assessment is checked out to be completed in Offline Tool. Close the browser and launch the MFEI Offline Tool and follow the steps to create PIN and download assessment before you go into the field.	2
Undo Checkout	





## Step 2

## Download Assessment Using MFEI Offline Tool

**Internet Required** 



### Launch MFEI Offline Tool



On the machine that you'll be using in the field, double click on the icon to launch MFEI Offline Tool.





#### PIN







The PIN is a security measure to allow access to the machine.

- First-time Access
  - PIN is auto-generated 6 digit number
  - Unique PIN is assigned per user per machine.
  - If user is utilizing multiple machines, they will need to generate unique PIN for each machine.
  - One PIN will not work on all devices.



PIN



Please enter your KDADS Web Application login to generate     KDADS Web Application login	PIN.
TEST1	× You are successfully authenticated
Submit	Name: ASSESSOR TWO PIN: 360595
	Please save this PIN for this machine. You will use it to access the tool on this machine.

#### Enter PIN







#### Download Assessments



#### Click Download Checked-Out Assessments.

	ASSESSMENTS LIST			
♠	The assessments you have checked out are listed below.		Download Checked-Out Assessments	
2	KAMIS ID	Name	Status	
	There are no assessments downloaded. Click on "Download Checked-Out Assessments".			



### Downloading Assessments Complete Before Going into the Field



The software will authenticate user's credentials and the tool will automatically download the checked-out assessments.



#### Assessments Listing



## Checked out assessments are listed. Now you're ready to go into the field.

	ASSESSMENTS LIST				
The assessments you have checked out are listed below.				Download Checked-Out Assessments	
?	KAMIS ID	Name	Status		
	770271	NANNY SMURF	In Progress	<ul><li>View/Edit Assessment</li><li>Undo Checkout</li></ul>	





## Step 3

## Complete Assessment Using MFEI Offline Tool

**Internet NOT Required** 



### Doing the Assessment in the Field



On the machine that you previously downloaded the assessment, double click on the icon to launch MFEI Offline Tool.





### Online / Offline Mode

The MFEI Offline Tool was developed to support efforts in the field when internet is not available (offline).

The tool clearly indicates whether internet is available to the machine. It does not automatically connect.



Offline Mode





### Login using your PIN





Submit

#### Important Reminder

Before using the tool offline:

- 1. Go to KDADS Web Applications while connected to the internet
- 2. Sign in using KDADS login information
- 3. Go to KAMIS, complete the person search and check-out the record
- 4. Sign in to this tool while connected to the internet
- 5. PIN is auto-generated 6 digit number. See User Manual for more details

#### First Time Access to this Machine (New User)

Click here if you are accessing this tool for the first time

#### Trouble Signing in?

Forgot PIN for this machine



#### Starting the Assessment



#### Click View/Edit to get started.

	ASSESSMENTS LIST				
♠	The assessments you have checked out are listed below.			Download Checked-Out Assessments	
?	KAMIS ID	Name	Status		
	770271	NANNY SMURF	In Progress	<ul> <li>View/Edit Assessment</li> <li>Undo Checkout</li> </ul>	



#### Section I - Identification



Consistent with MFEI Online Tool, the identification information is autopopulated from KAMIS. If this information needs to be updated, put notes in comments and update the information in KAMIS - Person

Administration.

RAMISID: 770272 Assessme	ent ID: 1726168 Name: BLUE SMURF Organization: K	DADS	
MFEI - LOC/CARE	SECTION I: IDENTIFICATION INFORMATIO	N	Save
SECTION I: IDENTIFICATION	Speaks:	ENGLISH	
SECTION III: FUNCTIONAL	Reads:	ENGLISH	
Cognition	Understands:		
Communication and Vision     Mood and Behavior     Devices and Med Being	b. Interpreter Used	© Yes, formal staff © Yes, family/fitend © No	
Paycholocal National Status     Continence     Health Conditions     Environmental Assessment Documents Review	21. Disaster Risk (e.g. need for first response)	Electric CognitiveImental health Issues Physical impartment Nonformal support Medication assistance None	
	22. Verify Accuracy of Pre-Filled information	Accurate (no updates needed)     Updates needed (indicate in notes and update person admin in KAMIS)	
	23. Person's expressed goals of care		
	Major Goal	(Max 2000 charaders)	
	Primary Goal	(Max-20 characters)	
	Comments	(Max 2000 (Darachers)	
	For a more accurate assessmen	t, use all available sources of information, including participant interview, conversations with caregivers, observations, and review of available documents.	
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Insas Department for Aging and Disabit	ity Services		Version





### Section III – Functional Assessment

	KAMIS ID: 770272 Assessmen	t ID: 1726170 Name: BLUE SMURF Organization: I	KDADS	
	MFEI - LOC/CARE	SECTION I: IDENTIFICATION INFORMATIO	N	Save
<b>ה</b>	SECTION I: IDENTIFICATION INFORMATION			<b>^</b>
?	SECTION III: FUNCTIONAL ASSESSMENT	21. Disaster Risk (e.g. need for first response)	<ul> <li>□ Electric</li> <li>✓ Cognitive/mental health Issues</li> </ul>	
	Cognition     Communication and Vision		Physical impairment     No informal support	
	Mood and Behavior		Medication assistance None	
	<ul> <li>Psychosocial Well-Being</li> <li>Eunctional Status</li> </ul>			
	Continence     Health Conditions	22. Verify Accuracy of Pre-Filled information	<ul> <li>Accurate (no updates needed)</li> <li>Updates needed (indicate in notes and update person admin in KAMIS)</li> </ul>	
	Environmental Assessment Documents Review	23. Person's expressed goals of care		
		Major Goal	test	
				11
		Primary Goal	test	
		Comments	test	
		For a more accurate assessment, use all availabl	le sources of information, including participant interview, conversations with caregivers, observations, and review of available docu	uments.
	©interRAI HC 1994-2017 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org Not an interRAI item(s)		Save &	Next
Kan	Kansas Department for Aging and Disability Services			



Documents

Upload any supporting documents.

Please note you can upload documents after the assessment has been submitted and approved.





# 

#### Review

	KAMIS ID: 770272 Assessme	nt ID: 1726168 Name: BLUE SMURF Organi	zation: KDADS	
	MFEI - LOC/CARE	REVIEW		
<ul><li>↑</li><li>↑</li></ul>	SECTION I: IDENTIFICATION INFORMATION SECTION III: FUNCTIONAL ASSESSMENT	You must complete the missing inf	ormation prior to submitting the assessment.	Ê
	Cognition	Section		
	Communication and Vision     Mood and Behavior	SECTION I	Identification Information	Edit
	Psychosocial Well-Being     Functional Status	SECTION III	Cognition	Edit
	Continence     Health Conditions     Environmental Accossment	8 SECTION III	Communication and Vision	Edit
	Documents	SECTION III	Mood and Behaviors	Edit
	Review	SECTION III	Psychosocial Well-Being	Edit
		SECTION III	Functional Status	Edit
		SECTION III	Continence	Edit
		SECTION III	Health Conditions	Edit
		SECTION III	Environmental Assessment	Edit
	©interRAI HC 1994-2017 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org ♣ Not an interRAI Item(s)			
Ка	Kansas Department for Aging and Disability Services			Version 1.0

#### **Results Screen**



#### Software will provide the Functional Eligibility Requirement status.

目	KAMIS ID: 770272 Assessmer	nt ID: 1726168 Name: BLUE SMURF Organization: KDADS	
	MFEI - LOC/CARE	REVIEW	
î	SECTION I: IDENTIFICATION INFORMATION	All sections have been completed for the assessment.	
9	SECTION III: FUNCTIONAL ASSESSMENT		
	Cognition     Functional Status	Assessment Number:	1726168
	Continence	Assessment Date:	10/01/2019
	<ul><li>Health Conditions</li><li>Environmental Assessment</li></ul>	Assessor Name:	ASSESSOR04 TEST
	Documents Review	Functional Eligibility Status:	Not Eligible
		Assessment Status:	WORK IN PROGRESS
		Comments for Next Assessment:	(Max 2000 characters)
		Social Assessor Name:	(Max 100 characters)
		Social Assessor Title:	(Max 100 characters)
		Social Assessor Comments:	(Max 2000 characters)
		i certity that this assessment is, to the best of my ability, accurate	and complete.
	©interRAI HC 1994-2017 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org ♣ Not an interRAI item(s)		Sign




#### Finalize and Sign – Last Step in the Field

IFEI OFFLINE TOOL			🗹 Feedback	ASSESSOR04 TEST 🔐	Onli
KAMIS ID: 770272 Assessme	ent ID: 1726170 Name: BLUE SMURF Orga	nization: KDADS			
MFEI - LOC/CARE	REVIEW				
SECTION I: IDENTIFICATION INFORMATION SECTION III: FUNCTIONAL ASSESSMENT	All sections have been complete	d for the assessment.		C	
<ul><li>Cognition</li><li>Communication and Vision</li></ul>	Assessment Number:	1726170			
<ul> <li>Mood and Behavior</li> </ul>	Assessment Date:	10/02/2019			
<ul><li>Psychosocial Well-Being</li><li>Functional Status</li></ul>	Assessor Name:	ASSESSOR04 TEST			
Continence     Health Conditions	Functional Eligibility Status:	Not Eligible			
<ul> <li>Environmental Assessment</li> </ul>	Assessment Status:	WORK IN PROGRESS			
Documents Review	Comments for Next Assessment:	Assessor		(	2
	Social Assessor Name:	Assessor		1	2
	Social Assessor Title:	Assessor		1	2
	Social Assessor Comments:	Assessor			C
	I certify that this assessment is, to the best of my ability, accurate and complete.			<u>A</u>	
©interRAI HC 1994-2017 (9.1.2) [UPDATED MDS-HC 2.0] www.interRAI.org				Sign	
Not an interRAI item(s) Insas Department for Aging and Disability	tv Services			Ve	arc





### Step 4

### Check-in Completed Assessment Using MFEI Offline Tool

**Internet Required** 





Internet is required for this step. Incomplete assessments cannot be submitted. Click Check-In Assessment to initiate the process.

	ASSESSMENTS LIST				1
♠	The assessments you have checked out are	listed below.		Download Checked-Out Assessments	
?	KAMIS ID	Name	Status		
	770271	NANNY SMURF	A Completed		
			<ul> <li>★</li> <li>Please enter your KDADS Web Application login to check in assessment.</li> <li><b>KDADS Web Application login</b></li> <li>Wername</li> <li>Wesname</li> <li>Password</li> <li>Submit</li> </ul>		]
6					

#### Confirmation



#### The software will communicate if the check-in process was successful.





#### **Delete Additional Files**

- Upon successful submission, the software will automatically delete all entered data from the device.
- However, if you uploaded any additional documents that are residing locally on your device, you must delete those files from your device.



#### In Summary



#### Signing Out of MFEI Offline Tool

Click the lock icon to sign out of the software.





A few additional things to keep in mind while using the MFEI Offline Tool...

- Timeframe for assessment completion
- Returning to assessment before submission
- Document upload after submission
- Forgot PIN
- PIN Lock
- Screen Lock



#### Timeframe for Assessment Completion

You will have 7 business days after downloading to complete and submit the assessment.

On the 5<sup>th</sup> business day, you will see a warning indicating that you have 2 business days to complete.

On the end of the 7<sup>th</sup> business day, the software will automatically delete the stale data and remove it from the device.



# Returning to the assessment prior to submission

- Launch Offline Tool / enter PIN
- From assessment list, select the assessment to complete
- Complete sections
- Submit



# Document upload after assessment has been submitted

- Log in to KDADS Web Apps
- Perform Person Search
- Locate assessment in listing / click on assessment
- Jump to the Documents left menu
- Upload documents
- Sign out of KDADS Web Application web page



#### Forgot PIN

- PIN can be auto-generated by clicking Forgot PIN link.
- User must be connected to internet and will be required to supply their KDADS Web Application Login information.





#### PIN Lock

- After 5 unsuccessful attempts to unlock, all PINs associated with the machine are locked. At this point, you must generate new PIN.
- Once new PIN is generated and entered, all PINs will be unlocked.





#### Screen Lock

- Assessment will lock if inactive for 5 minutes.
- To unlock, enter PIN.
- Screen will open on same page prior to lock.





## This concludes MFEI Software Training

