The Kansas Department for Aging and Disability Services has contracted with The Office of Aging and Long Term Care (OALTC) at the University of Kansas (KU) to develop a Medicaid Functional Eligibility Instrument (MFEI). The OALTC is working in partnership with faculty and staff at the KU Research and Training Center on Independent Living (RTC/IL) and the KU Medical Center (KUMC). The MFEI tool will be used to determine eligibility and support needs for Medicaid Long-Term Services and Supports (LTSS) for customers who have physical disabilities, traumatic brain injuries or are frail elders. The MFEI will be used across HCBS, PACE, Assisted Living, Nursing Facility, and TBI rehabilitation hospital settings, thus replacing the CARE, UAI, and FAI tools currently in use. At a minimum, the MFEI is to assess ADLs; IADLs; medical conditions and diagnoses; cognitive, memory, or learning challenges; and challenging behaviors.

The KU MFEI project team provided KDADS with an interim MFEI report in December 2013 that included recommendations for the new MFEI instrument. This Executive Summary provides an overview of the interim report.

How We Gathered Information

The KU MFEI project team analyzed current Kansas assessment tools, comprehensively reviewed best practices in LTSS assessment, examined assessment tools from other states, and gathered stakeholder feedback in order to identify the best options for the new MFEI. We collected feedback from key stakeholders in a variety of ways, including through:

- The MFEI Advisory Workgroup and Subcommittees
- Focus groups with Medicaid Long-Term Services and Supports customers and their caregivers
- Focus groups with assessors and service providers who have administered the current or past versions of the State’s assessment tools.
The assessment tools from other states that were reviewed included: Colorado, Maine, Massachusetts, Minnesota, Virginia, Wisconsin and Washington. We also examined interRAI assessment tools which are used in 17 states, including neighboring states of Missouri and Arkansas. We looked into additional states, typically finding they did not utilize a universal assessment tool. The MFEI project team reviewed these instruments thoroughly and contracted state representatives to learn more about their use and development. We narrowed the selection of tools down, slightly, based on the information we learned about these tools, and then the MFEI Advisory Workgroup Content Subcommittee and focus group participants reviewed the strongest tool options.

**Recommendations**

Based on the information gathered, the following recommendations were made:

- The KU MFEI project team recommended choosing either the interRAI-Home Care or the Wisconsin Long Term Care Functional Screen (LTCFS) as the base instrument to adapt for Kansas. **Table 1, below, summarizes the strengths, weaknesses, and potential adaptations of these two instruments.**

- The interRAI-Home Care and Wisconsin LTCFS were chosen for further consideration because they are both well-established universal assessment tools with strong psychometric properties and can be administered in about 1.5 hours. Other assessment options were ruled out for a variety of reasons, including being ill-suited for our target populations, prohibitively lengthy, or having insufficient psychometric information available.

- Adaptations to the base instrument, including a TBI addendum, would be necessary for either option as no existing tool precisely meets Kansas needs for the new MFEI. Although other instruments were ruled out for consideration as the base instrument, they may still be instructive in informing adaptations.

- In adapting either tool, the MFEI project team will take into consideration: compliance with federal recommendations, pediatric adaptations, TBI adaptations, and stakeholder feedback.

The interRAI-Home Care tool provides comprehensive data that can be used for a number of applications, including eligibility screening, care planning, case-mix/rate setting, quality assurance, and state policy planning. Further, a great deal of technical assistance is available because interRAI tools were developed by leading experts and are used in several states. Finally, interRAI provides a suite of instruments that could be used for other LTSS or healthcare populations with the advantage of offering the same core measures across different populations. Only 5% of existing interRAI items can be removed or altered according to the licensing agreement, however, there are no limitations to additions. The TBI adaptations will be especially complex because the TBI waiver in Kansas has rehabilitative goals and individuals with TBI have unique cognitive and behavioral needs. However, interRAI assessments have been used for TBI populations. Additional information about interRAI assessment tools and instrument previews are available at: [http://www.interrai.org/](http://www.interrai.org/).
Table 1: Comparison of MFEI Assessment Options

<table>
<thead>
<tr>
<th>Purpose of assessment</th>
<th>Adapt interRAI-Home Care (iHC)</th>
<th>Adapt Wisconsin’s Long Term Care Functional Screen (LTCFS)</th>
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</table>
|                       | ● Functional Eligibility, including a screening option  
|                       | ● State Planning, including policy, rate setting and quality assurance  
|                       | ● Can also inform care planning | ● Functional Eligibility  
|                       |                               | ● State Planning, including policy and rate setting |
| Core Strengths        | ● Most thoroughly tested tool available nationwide  
|                       | ● Aligns well with MDS; crosswalk available  
|                       | ● 17 states, including neighboring states, use this assessment  
|                       | ● Thorough assessment containing most recommended domains and items.  
|                       | ● Additional items/domains can be pulled from other instruments in the interRAI suite, as desired  
|                       | ● Embedded definitions throughout  
|                       | ● In-depth technical assistance available  
|                       | ● 1.5 hours to administer, on average | ● Well tested in Wisconsin, and has been updated/revised over time  
|                       |                               | ● Wisconsin has a similar ADRC and MCO model to Kansas (but with important differences)  
|                       |                               | ● Embedded definitions throughout  
|                       |                               | ● Items on adaptive equipment embedded throughout  
|                       |                               | ● Items on formal and informal caregiver support embedded throughout  
|                       |                               | ● Includes an employment domain  
|                       |                               | ● Space for notes throughout  
|                       |                               | ● Some technical assistance available  
|                       |                               | ● 1.5 hours to administer, on average |
| Core Weaknesses       | ● Care planning detail is most appropriate if MCOs also use this tool.  
|                       | ● Only 5% of existing material can be replaced or removed. However, there is no limit on adding items.  
|                       | ● Less use for TBI and NF populations  
|                       | ● Designed and used for 18+ only. However, pediatric versions available.  
|                       | ● Stakeholders prefer a more objective cognitive screen than what the Cognitive Performance Scale (CPS) offers | ● No use for NF or TBI rehab hospital  
|                       |                               | ● Designed and used for 18+ only  
|                       |                               | ● Stakeholders prefer a more objective screen than the LTCFS cognitive measures  
|                       |                               | ● Stakeholders prefer more objective measures for mental health |
| Potential Adaptations | ● Add disaster red flag  
|                       | ● Adapt or replace Cognitive Performance Scale, to the extent allowed  
|                       | ● Youth adaptations, for ages 16-21 (ped-iHC available)  
|                       | ● Condensed version for NF and WORK  
|                       | ● WORK adaptations and an employment domain  
|                       | ● Add abuse/neglect/exploitation  
|                       | ● TBI addendum  
|                       | ● Develop a pre-screen (interRAI technical assistance available)  
|                       | ● Add PASRR Level 1 for NF  
|                       | ● Document who provided info during assessment  
|                       | ● Add positioning measure to ADLs  
|                       | ● Add destructive behavior measure  
|                       | ● Add informal caregiver measures  
|                       | ● Adaptive/assistive equipment  
|                       | ● Consider what items can be removed, while staying in allotted 5% allowed changes  
|                       | ● Add space for notes throughout and additional reformatting | ● Add disaster red flag  
|                       |                               | ● Replace cognitive screen with the 6-Item Cognitive Impairment Test  
|                       |                               | ● Youth adaptations, for ages 16-21  
|                       |                               | ● NF adaptations  
|                       |                               | ● WORK adaptations, to be based on stakeholder feedback  
|                       |                               | ● TBI addendum  
|                       |                               | ● Develop a pre-screen  
|                       |                               | ● Add PASRR Level 1 for NF  
|                       |                               | ● Document who provided info during assessment  
|                       |                               | ● Add hygiene measure to ADLs  
|                       |                               | ● Adding shopping to IADLs  
|                       |                               | ● Add destructive behavior measure  
|                       |                               | ● Replace mental health items with a screen, such as K6 or PHQ-9  
|                       |                               | ● Add informal caregiver measures  
|                       |                               | ● Add a measure for fall risk  
|                       |                               | ● Consider additional domains, such as locomotion/mobility, home environment, social integration, continence, and/or medications |
| Additional Considerations | ● interRAI has an I/DD assessment available, with same core items  
|                       | ● Licensing: State must provide de-identified assessment data to interRAI once a year  
|                       | ● Licensing: License is free. State must purchase assessment manuals from interRAI  
|                       | ● Some KanCARE MCOs already hold licenses to use interRAI tools in other states | ● Technical assistance will be more limited, compared to interRAI, as original LTCFS developers are no longer with state.  
|                       |                               | ● Assessment available for free, but not scoring algorithms, which are proprietary |
Developing the New MFEI

The proposed process for developing the new MFEI is:

- **Stage 1: Draft MFEI.** The KU and KDADS project team will adapt the chosen instrument for use in Kansas. We can use measures from other state LTSS assessments, construct our own assessment items, or, if interRAI is chosen, draw from a bank of additional interRAI items. We will also work on the TBI addendum, including the possibility of adopting an existing instrument with strong psychometric properties. Draft instruments will be reviewed by key stakeholders, including the MFEI Advisory Workgroup.

- **Stage 2: Pilot Field Testing.** The draft MFEI will be tested with a diverse group of Medicaid LTSS customers. A select sample of ADRC assessors will be chosen and trained to administer the draft MFEI for testing purposes. Medicaid LTSS customers will continue to be assessed with the current CARE and FAI assessments. The draft MFEI and current assessment will be administered in close proximity to each other, to allow direct comparison of new and old assessment results. Psychometric analysis will focus primarily on adapted items and translating the current Level-of-Care threshold scores into the draft MFEI. We will also analyze assessors’ experiences with the new assessment. The draft MFEI will be revised as needed until acceptable results are achieved.

- **Stage 3: Expanded Field Testing.** The revised MFEI will be administered to a larger group of representative Medicaid LTSS customers. Additional ADRC assessors will be trained to administer the MFEI. If a computerized format for the MFEI is available, this will also be tested. It may be possible to phase out use of current assessment instruments during this stage. MFEI assessment data will be analyzed to determine whether Level-of-Care scoring determinations should be revised, including the possibility of tiered scoring or case mix groups. The MFEI and related administrative procedures will be revised as needed until a robust instrument has been developed.

The precise details and timeline for MFEI development and implementation depend on several factors. This includes the extent of adaptations made to the chosen base tool. Validity refers to whether an instrument accurately measures what it is intended to measure. Reliability refers to the extent to which assessments are consistent, such as when being administered by different assessors. Both the Wisconsin LTCFS and interRAI assessments have strong reliability and validity, but revisions may require additional psychometric testing. Validity testing is also shaped by the nature of data that will be available for comparing new MFEI assessment results with previous assessment results and/or service usage data. The results from each stage of testing influence how quickly we can move to the next stage, as instrument development is based on an iterative process of testing and revision. Finally, protocols and structures must be in place to allow data to be stored and transferred before the MFEI can be implemented statewide.
Throughout the development process, KDADS will make **key policy decisions** to ensure that the new MFEI can be administered successfully to meet State needs. Needed policy decisions include:

- Intake and pre-screening procedures,
- Software decisions and development,
- Processes for sharing assessment information,
- ADRC and MCO responsibilities,
- Scoring determinations,
- Financing the new MFEI and related administrative costs, and
- Transition planning.

Key stakeholders have stressed that multiple assessments can be confusing for LTSS customers and therefore redundancy in assessments should be avoided. Further, in adopting a more comprehensive assessment, it is important that the additional collected information is used. Therefore, the flow and use of information across KDADS, ADRCs, and MCOs will be particularly important to address. KU project staff will continue gathering information on best practices from other States and provide data analysis to help inform these policy decisions.

The MFEI Advisory Workgroup will continue to meet as the project progresses. This workgroup and specific subcommittees will review draft versions of the MFEI and be asked to advise on key issues related to face validity, cultural competency, consumer self-determination, policy, procedures, technology, and training. When the MFEI is ready for statewide rollout, KU will provide training to all ADRC assessors. KDADS and KU will work together to develop a transition plan and ensure the proper technical assistance is in place.

The KU MFEI project team is committed to working closely with KDADS and key stakeholders to ensure the development of a robust MFEI that is responsive to diverse Medicaid customer needs.