

MI Choice Intake Guidelines

Interviewer Instructions

Note: Text in Italics indicates interviewer instructions

*The following dialogue may be used when conducting this screen:
(Scoring will be assigned using the MI Choice Scoring Algorithm to Determine Waiting List Priority)*

I would like to have a conversation with you to find out how you do everyday tasks and to learn more about your health. This will take about fifteen minutes. It is important that you tell me how things really are going for you, as accurately as possible, so I can make sure you get the kind of assistance that will best meet your needs.

Part I

First I would like to understand more about your ability to do some everyday tasks. I am interested in your **ability** to do these tasks, not whether you actually did them.

Based on the information given, score each answer below using the following response options:

- 0. Independent—no help, set-up, or supervision
- 1. Set-up help only
- 2. Supervision—oversight, cueing
- 3. More assistance needed

1. **In the last three days, were you able to go shopping, including selecting items to buy and paying for them?** (Exclude transportation)

RESPONSE: _____

2. **In the last three days, were you able to prepare meals?**

RESPONSE: _____

3. **In the last three days, were you able to drive yourself, get in or out of a car, or use public transportation?**

RESPONSE: _____

4. **In the last three days, were you able to do work around the house, like doing dishes, making the bed, doing laundry, or tidying up?**

RESPONSE: _____

5. **In the last three days, were you able to manage your medications?** (Includes remembering when to take your pills, opening the bottles, and taking the right dosages)

RESPONSE: _____

6. **In the last three days, were you able to manage your finances, like paying bills, balancing your checkbook, or checking your credit card balance?**

RESPONSE: _____

Now I would like you to tell me about what you have done recently. I want to know what you have **actually done by yourself, or others have done for you**, not whether you are able to do these activities.

Based on the information given, score each answer below using the following response options:

- 0. More than 2 hours
- 1. Not performed or performed 2 hours or less

7. In the last three days, how much have you engaged in any physical activity, such as walking, cleaning the house, or exercising?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes
- 2. Activity did not occur

8. In the last three days, has your condition required that meals be prepared FULLY by others?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No assistive devices
- 1. Cane or walker
- 2. Wheelchair or scooter
- 3. Activity did not occur

9. In the last three days, what assistive devices have you used to move around indoors?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. Independent—no help, set-up, or supervision
- 1. Set-up help only
- 2. Supervision—oversight, cueing
- 3. More assistance needed
- 4. Activity did not occur

10. In the last three days, what kind of help did you get to move around indoors? (Note: if person used a wheelchair, rate for self-sufficiency once in wheelchair)

RESPONSE: _____

11. In the last three days, what kind of help did you get to dress yourself?

RESPONSE: _____

12. In the last three days, did you use any help to move around in bed? (Includes moving to and from a lying position, turning from side to side, and positioning body while in bed)

RESPONSE:_____

13. In the last three days, did you use any help to bathe, shower, or take a sponge bath?

RESPONSE:_____

14. In the last three days did you use any help to transfer from one position to another? (Includes moving from bed to chair or wheelchair, or rising out of a chair to a standing position)

RESPONSE:_____

15. In the last three days did you use any help to eat? (Includes taking in food by any method, including tube feeding)

RESPONSE:_____

Next, I would like to learn more about your living arrangements.

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes

16. Are there any hazards that make it difficult for you to enter, move around in, or leave your home?

RESPONSE:_____

17. In the last 90 days, have you moved in with others, or have others moved in with you?

RESPONSE:_____

Based on the information given, score each answer below using the following response options:

- 0. No—person is never or hardly ever left alone
- 1. Yes—person is left alone, even if only for about one hour

18. In the last three days, have you been left alone in the morning or afternoon?

RESPONSE:_____

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes

19. Do you, or does your main helper, if any, believe that you would be better off elsewhere?

RESPONSE:_____

Now I would like to ask you a few questions about your health.

20. In the last three days, have you had a flare-up of a recurrent or chronic health problem?

RESPONSE:_____

21. In the last three days, have you had any troubling skin conditions, such as burns, tears, open lesions, bruises, or rashes?

RESPONSE:_____

22. In the last three days, have you received any of the following care:

a. Care of a wound or pressure ulcer, or moving/turning to prevent skin breakdown

RESPONSE:_____

b. Home care aid

RESPONSE:_____

c. Physical therapy

RESPONSE:_____

d. Monitoring by a nurse

RESPONSE:_____

e. Treatment with IV (intravenous) medication

RESPONSE:_____

For question 23 (a), based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

For question 23 (b), based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present

23. In the past three days, have you had any of the following problems?

a. Been easily distracted, had trouble paying attention, become sidetracked

RESPONSE:_____

b. Threatened, cursed, or screamed at others

RESPONSE:_____

Score the following items based on your conversation with the individual. If interviewing a third party, ask as questions.

Based on the information given, score each answer using the following response options:

- 0. Person is understood even if s/he has difficulty finding words or finishing thoughts
- 1. Person is limited to making concrete requests or is rarely or never understood

24. In the last three days, how well has the person been able to make themselves understood?

RESPONSE: _____

Based on the information given, score each answer using the following response options:

- 0. Person made decisions independently
- 1. Person made decisions, but with difficulty, or decisions were poor and required supervision
- 2. Person rarely or never made decisions

25. In the last three days, how well did the person make decisions about organizing the day, for example, when to get up or have meals, what clothes to wear, what to do?

RESPONSE: _____

Based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

26. In the last three days, did the person have disorganized speech, ramble from subject to subject, or lose their train of thought?

RESPONSE: _____

Part II

Financial Questions

The following questions are **optional**. Please note that the Department of Human Services makes the final determination for Medicaid financial eligibility.

For question 1 select a response using the following information given:

- 0. No (proceed to next question regarding current income)
- 1. Yes (enter Medicaid ID located in Participant node, other items do not have to be answered)

1. Is the individual currently enrolled in Medicaid?

For questions 2-3 select a response using the following information given:

- 0. No
- 1. Yes

2. Is the individual's total monthly/gross income below the official dollar amount for Medicaid eligibility? (Just for person being referred. Click Help button to determine the amounts; use the most recent annual amount available for your response).

3. What is the amount of the individual's assets from all sources? Click help button to determine appropriate amounts for most recent year.
- a. Less than \$2,000?
RESPONSE: _____
 - b. If NO, more than \$10,000?
RESPONSE: _____
 - c. If married, click Help button to determine appropriate amount for most recent year.

Enter any comments you may have in the comment box at the end of this section.

Part III

Quality Assessment Questions

*The following questions are **optional**.*

For question 1, enter the number of minutes it took to complete this screening.

1. How many minutes did this screening take?

For question 2 select a response using the following information given:

- 0. Caller accurately estimated the individual's condition
- 1. Caller under-estimated the individual's condition
- 2. Caller over-estimated the individual's condition
- 3. Caller was otherwise inaccurate (did not appear to know the person's condition, gave conflicting information, etc.)

2. What was your overall impression of the caller's accuracy in answering the screening questions?

For question 3, enter the number of the question and any issues or concerns you may have regarding the question.

3. Indicate any issues or concerns you have regarding specific screening questions, by number.

For question 4, enter the waiver agency code, the name of the person who performed the screen, and the date the screen was conducted.

4. Entering Information

- 1. Agency
- 2. User
- 3. Date