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DEPARTMENT OF HEALTH AND HUMAN SERVICES Form Approved CENTERS FOR MEDICARE & MEDICAID SERVICES OMB No. 0938-0842 INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT **Identification Information* Paver Information*** 1. Facility Information 20. Payment Source A. Facility Name A. Primary Source B. Secondary Source B. Facility Medicare (01 - Blue Cross; 02 - Medicare non-MCO; Provider Number 03 - Medicaid non-MCO; 04 - Commercial Insurance; 05 - MCO HMO; 06 - Workers' Compensation; 2. Patient Medicare Number ____ 07 - Crippled Children's Services; 08 – Developmental Disabilities Services; 09 - State Vocational Rehabilitation; Patient Medicaid Number _____ 10 - Private Pay; 11 - Employee Courtesy; 12 - Unreimbursed; 13 - CHAMPUS; 14 - Other; 4. Patient First Name ____ 15 - None; 16 – No-Fault Auto Insurance; 51 – Medicare MCO; 52 - Medicaid MCO) 5A. Patient Last Name **Medical Information*** 5B. Patient Identification Number _____ 21. Impairment Group Admission Discharge 6. Birth Date Condition requiring admission to rehabilitation; code MM / DD / YYYY according to Appendix A, attached. 7. Social Security Number 22. Etiologic Diagnosis (Use an ICD-9-CM code to indicate the etiologic problem 8. Gender (1 - Male; 2 - Female) that led to the condition for which the patient is receiving rehabilitation) 9. Race/Ethnicity (Check all that apply) American Indian or Alaska Native Asian Black or African American С. _ Hispanic or Latino D. ___ 24. Comorbid Conditions; Use ICD-9-CM codes to enter up to Native Hawaiian or Other Pacific Islander E. ten medical conditions White A. _____ B. ____ 10. Marital Status C._____ D.____ (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced) E. _____ F. ____ 11. Zip Code of Patient's Pre-Hospital Residence _ _____ Н. ___ G. Admission Information* __ J. ____ I. 12. Admission Date MM / DD / YYYY Medical Needs 13. Assessment Reference Date MM / DD / YYYY 25. Is patient comatose at admission? 0 - No, 1 - Yes 14. Admission Class (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 26. Is patient delirious at admission? 4 - Unplanned Discharge; 5 - Continuing Rehabilitation) 0 - No, 1 - Yes

27. Swallowing Status

3 - <u>Regular Food</u> :	solids and liquids swallowed sa	ıfely		
without supervision or modified food consistency				

Admission

- 2 <u>Modified Food Consistency/Supervision</u>: subject requires modified food consistency and/or needs supervision for safety
- 1 <u>Tube /Parenteral Feeding</u>: tube / parenteral feeding used wholly or partially as a means of sustenance

28. Clinical signs of dehydration

Admission Discharge

Discharge

(Code 0 – No; 1 – Yes) e.g., evidence of oliguria, dry skin, orthostatic hypotension, somnolence, agitation

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(01 - Home; 02 - Board & Care; 03 - Transitional Living;

06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 12 - Alternate Level of Care Unit; 13 – Subacute

04 - Intermediate Care; 05 - Skilled Nursing Facility;

Setting; 14 - Assisted Living Residence)

16. Pre-Hospital Living Setting

17. Pre-Hospital Living With

(Use codes from item 15 above)

18. Pre-Hospital Vocational Category

Age; 7 - Retired for Disability)

19. Pre-Hospital Vocational Effort

(Code only if item 16 is 01 - Home;

Code using 1 - Alone; 2 - Family/Relatives; 3 - Friends; 4 - Attendant; 5 - Other)

(1 - Employed; 2 - Sheltered; 3 - Student; 4 - Homemaker; 5 - Not Working; 6 - Retired for

(Code only if item 18 is coded 1 - 4; Code using

1 - Full-time; 2 - Part-time; 3 - Adjusted Workload)

15. Admit From

ENTERS FOR MEDICARE & MEDICAID SERVICES	Form Appro OMB No. 0938-08
INPATIENT REHABILITATION FACILITY -	- PATIENT ASSESSMENT INSTRUMENT
Function Modifiers*	39. FIMTM Instrument*
Complete the following specific functional items prior to scoring the FIM^{TM} Instrument:	ADMISSION DISCHARGE GOAL SELF-CARE A. Eating
ADMISSION DISCHARGE	B. Grooming
29. Bladder Level of Assistance (Score using FIM Levels 1 - 7)	C. Bathing
30. Bladder Frequency of Accidents (Score as below)	D. Dressing - Upper
7 - No accidents 6 - No accidents; uses device such as a catheter	E. Dressing - Lower
5 - One accident in the past 7 days4 - Two accidents in the past 7 days	SPHINCTER CONTROL
 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 1 - Five or more accidents in the past 7 days 	G. Bladder H. Bowel
Enter in Item 39G (Bladder) the lower (more dependent) score from Items 29 and 30 above.	TRANSFERS I. Bed, Chair, Wheelchair
ADMISSION DISCHARGE	J. Toilet
31. Bowel Level of Assistance (Score using FIM Levels 1 - 7)	K. Tub, Shower
32. Bowel Frequency of Accidents (Score as below)	W - Walk C - Wheelchair LOCOMOTION B - Both
7 - No accidents 6 - No accidents; uses device such as an ostomy	L. Walk/Wheelchair
 5 - One accident in the past 7 days 4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 	M. Stairs
1 - Five or more accidents in the past 7 days	A - Auditory V - Visual B - Both
Enter in Item 39H (Bowel) the lower (more dependent) score of Items 31 and 32 above. ADMISSION DISCHARGE	N. Comprehension
33. Tub Transfer	O. Expression
34. Shower Transfer	LN - Nonvoca B - Both
(Score Items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not	P. Social Interaction
occur) See training manual for scoring of Item 39K (Tub/Shower Transfer) ADMISSION DISCHARGE	Q. Problem Solving R. Memory
35. Distance Walked	
36. Distance Traveled in Wheelchair (Code items 35 and 36 using: 3 - 150 feet; 2 - 50 to 149 feet;	FIM LEVELS No Helper 7 Complete Independence (Timely, Safely)
1 - Less than 50 feet; 0 – activity does not occur)	6 Modified Independence (Device)
ADMISSION DISCHARGE	Helper - Modified Dependence 5 Supervision (Subject = 100%)
38. Wheelchair	4 Minimal Assistance (Subject = 75% or more)
(Score Items 37 and 38 using FIM Levels 1 - 7; 0 if activity does not occur) See training manual for scoring of Item 39L (Walk/ Wheelchair)	3 Moderate Assistance (Subject = 50% or more) Helper - Complete Dependence
*The FIM data set, measurement scale and impairment codes	 2 Maximal Assistance (Subject = 25% or more) 1 Total Assistance (Subject less than 25%)

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0 Activity does not occur; Use this code only at admission

INPATIENT REHABILITATION FACILITY – PATIENT ASSESSMENT INSTRUMENT

40. Discharge Date	Discharge Information*	Quality Indicators	
41. Patient discharged against medical advice? (0 - No, 1 - Yes) 42. Program Interruption(s) (0 - No, 1 - Yes) 43. Program Interruption(s) (0 - No, 1 - Yes) 43. Program Interruption Dates (0 - No, 1 - Yes) 44. 1 Interruption Dates (0 - No, 1 - Yes) A. 1 ^a Interruption Date B. 1 ^a Return Date MM/ DD / YYYY MM / DD / YYYY C. 2 ^{ad} Interruption Date D. 2 ^{ad} Return Date MM / DD / YYYY MM / DD / YYYY C. 2 ^{ad} Interruption Date D. 2 ^{ad} Return Date MM / DD / YYYY MM / DD / YYYY E. 3 ^{ad} Interruption Date F. 3 ^d Return Date MM / DD / YYYY MM / DD / YYYY 442. Discharge to Living Setting (01 - Home: 02 - Board and Care; 03 - Transitional Living; 04 - Auste Unit of Another F. 3 ^d Return Date MM / DD / YYYY MM / DD / YYYY 448. Discharge to Living Setting (01 - Home: 02 - Board and Care; 03 - Transitional Living; 04 - Auste Living Residence) 449. Singe 2. Enter Number (- Auste A - Buahilization of Passure Ucers 440. Songe 1. I's Oblice in Cloging 1.00 - Home: Board and Care; 03 - Roard and Care; 04 - No: 1 - Yes) (Code only if Hem 44A is 01 - Home, 02 - Board and Care; 03 - No: 1 - Yes) (Code only if Hem	40. Discharge Date	Pressure Ulcers	
 42. Program Interruption (s) (0 - No; 1 - Yes) 43. Program Interruption Date (Code only if hem 42 is 1 - Yes) 44. Stage 2: Partial thickness to so of dermis presenting as a shallow open ulcer with a red or pink wound bed, vitbout sloogh. May also present as an intact or open/ruptured blister. A. 1^a Interruption Date B. 1^a Return Date (ABB, Stage 2: Partial thickness tissue loss. Subcutaneous fat may be risible but bone, tendon or muscle. Shough may be present but des not obscure the depth of tissue loss. May include undermining and tunneling. Vumber of Stage 3 pressure ulcers (a dimission Discharge (ABC, Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Shough or eschar may be present on some parts of the wound bed. (file includes undermining and tunneling. Vumber of Stage 3 pressure ulcers (a dimission Discharge (AC, Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Shough or eschar may be present on some parts of the wound bed. (file includes undermining and tunneling. Number of Stage 3 pressure ulcers (a dimission Discharge (AC, Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Shough or eschar may be present on some parts of the wound bed. (file under the number of current pressure ulcers fat were not present (a dimission Discharge (O - Acute Unit) for 0. Acute Unit of 0. Acute Unit 0. Horne, 0.2 - Board and Care, 0. (O - No; 1 - Yes) (O -	41. Patient discharged against medical advice?		
(Cade only if Item 42 is 1 - Yes) A. 1 ^a Interruption Date B. 1 ^a Return Date (M/ DD / YYYY MM/ DD / YYYY C. 2 ^{ad} Interruption Date D. 2 ^{ad} Return Date (M/ DD / YYYY MM / DD / YYYY E. 3 ^{ad} Interruption Date (C. 2 ^{ad} Interruption Date (D - Home; 02 - Board and Care; 03 - Transitional Living; 06 - Actue Unit of Own Facility; 07 - Actue Unit; 13 - Subacture Setting; 14 - Assisted Living Residence) 44B. Was patient discharged with Home Health Services? (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Home; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Itom; Code using 1 - Alterndant; 5 - Other II (Code only if Item 44A is 01 - Itom; Code using 1 - Altendant; 5 - Other II (Code only if Item 44A	42. Program Interruption(s) $(0 - No; 1 - Yes)$	shallow open ulcer with a red or pink wound bed, without slough.	
488. Stage 3: Full thickness tissue loss. Subcutaneous fat may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. C. 2 nd Interruption Date D. 2 nd Return Date MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY E. 3 nd Interruption Date F. 3 nd Return Date MM / DD / YYYY MM / DD / YYYY 448. Stage 3: Full thickness tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers Admission MM / DD / YYYY MM / DD / YYYY 44A. Discharge to Living Setting	(Code only if Item 42 is 1 - Yes)	Number of Stage 2 pressure ulcers Admission Discharge	
MM/ DD / YYYY MM / DD / YYYY C. 2 ^{ad} Interruption Date D. 2 ^{ad} Return Date	A. 1 st Interruption Date B. 1 st Return Date		
Mm / DD / YYYY Mm / DD / YYYY MM / DD / YYYY Mm / DD / YYYY E. 3 rd Interruption Date F. 3 rd Return Date MM / DD / YYYY MM / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44A. Discharge to Living Setting Mm / DD / YYYY 44B. Was patient discharged with Home Health Services? Worsening in Pressure Ulcer Status Since Admission 42B. Was patient discharged with Home Health Services? (0 - No; 1 - Yes) (Code only if Item 44A is 01 - Home; Code using 1 - Alone; (0 - No; 1 - Yes) 45. Discharge to Living With (Code ousing ICD-9-CM code) Code using 1 - Alone; O - No; 1 - Yes) 46. Diagnosis for Interruption or Death (Code using ICD-9-CM code) Sol. Stage 2 Enter Number Micer Stage 3 Enter Number 47. Complications during rehabilitation stay (Use ICD-9-CM code) Mice Stage 3 Enter Number Sol. Stage 4 Enter Number 50D. Stage 4 Enter Number Sol. Stage 4 Enter Number Sol. Stage 4 Enter Number Sol. Stage 4 Enter Number <td></td> <td>present but does not obscure the depth of tissue loss. May include</td>		present but does not obscure the depth of tissue loss. May include	
MM / DD / YYYY MM / DD / YYYY K. 3 rd Interruption Date F. 3 rd Return Date MM / DD / YYYY MM / DD / YYYY 44A. Discharge to Living Setting	C. 2 nd Interruption Date D. 2 nd Return Date		
E. 3 rd Interruption Date F. 3 rd Return Date Wound bed. Often includes undermining and tunneling. MM / DD / YYYY 44A. Discharge to Living Setting (01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Interruption Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 10 - Other; 11 - Dide; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence) 44B. Was patient discharged with Home Health Services? (Code only if Item 44A is 01 - Home; 02 - Board and Care; (Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other 46. Diagnosis for Interruption or Death (Code using ICD-9-CM code) A B A B C D A B	MM / DD / YYYY MM / DD / YYYY	48C. Stage 4: Full thickness tissue loss with exposed bone, tendon	
MM / DD / YYYY MM / DD / YYYY Admission Discharge 44A. Discharge to Living Setting (01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Om Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 11 - Died; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence) 49A. Stage 2. Enter Number:	E. 3 rd Interruption Date F. 3 rd Return Date		
(01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Or Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 11 - Died; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence) Indicate the number of current pressure ulcers that were not pressure or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0. 44B. Was patient discharged with Home Health Services? (Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence) 49A. Stage 2. Enter Number:			
13 - Subacute Setting; 14 - Assisted Living Residence) 44B. Was patient discharged with Home Health Services? (0 - No; 1 - Yes) (Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence) 45. Discharge to Living With (Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other 46. Diagnosis for Interruption or Death (Code using ICD-9-CM code) 47. Complications during rehabilitation stay (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay) A	(01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation	Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.	
(0 - No; 1 - Yes) 49C. Stage 4. Enter Number: (Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence) 49C. Stage 4. Enter Number: 45. Discharge to Living With (Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other 50A. Were pressure ulcers present on admission? 46. Diagnosis for Interruption or Death (Code using ICD-9-CM code)			
03 - Transitional Living, or 14 - Assisted Living Residence) Healed Pressure Ulcers. 45. Discharge to Living With (Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other 50A. Were pressure ulcers present on admission?	(0 - No; 1 - Yes)	49C. Stage 4. Enter Number:	
(Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other (0 - No; 1 - Yes) 46. Diagnosis for Interruption or Death (Code using ICD-9-CM code) (0 - No; 1 - Yes) 47. Complications during rehabilitation stay (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay) Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0. (Code only if item 50A is 1 - yes) 50B. Stage 2 Enter Number 50C. Stage 3 Enter Number 50D. Stage 4 Enter Number 50D. Stage 4 Enter Number		Healed Pressure Ulcers.	
46. Diagnosis for Interruption or Death (Code using ICD-9-CM code) Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0. (Code only if item 50A is 1 – yes) 47. Complications during rehabilitation stay (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay) Sold Stage 2 A. B. Sold Stage 3 C. D. Sold Stage 4 Enter Number 50D. Stage 4 Enter Number	(Code only if Item 44A is 01 - Home; Code using 1 - Alone;		
(Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay) 50B. Stage 2 Enter Number A. B. 50C. Stage 3 Enter Number C. D. 50D. Stage 4 Enter Number	46. Diagnosis for Interruption or Death	that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.	
A. B. 50C. Stage 3 Enter Number C. D. 50D. Stage 4 Enter Number	(Use ICD-9-CM codes to specify up to six conditions that	50B. Stage 2 Enter Number	
C D	0	50C. Stage 3 Enter Number	
E F		50D. Stage 4 Enter Number	
	E F		

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