

Appendix B--CMS Inpatient Rehabilitation Facility Patient Assessment Instrument

INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

Identification Information*

1. Facility Information
 - A. Facility Name _____

 - B. Facility Medicare Provider Number _____
2. Patient Medicare Number _____
3. Patient Medicaid Number _____
4. Patient First Name _____
5. Patient Last Name _____
6. Birth Date _____
MM/DD/YYYY
7. Social Security Number _____
8. Gender (1 - Male; 2 - Female) _____
9. Race/Ethnicity (Check all that apply)

American Indian or Alaska Native	A. _____
Asian	B. _____
Black or African American	C. _____
Hispanic or Latino	D. _____
Native Hawaiian or Other Pacific Islander	E. _____
White	F. _____
10. Marital Status _____
(1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)
11. Zip Code of Patient's Pre-Hospital Residence: _____

Admission Information*

12. Admission Date _____
MM/DD/YYYY
13. Assessment Reference Date _____
MM/DD/YYYY
14. Admission Class _____
(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)
15. Admit From _____
(01 - Home; 02 - Board & 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 Facility; 10 - Other; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence)
16. Pre-Hospital Living Setting (Use codes from item 15 above) _____
17. Pre-Hospital Living With _____
(Code only if item 16 is 01 - Home; Score using 1 - Alone; 2 - Family/Relatives; 3 - Friends; 4 - Attendant; 5 - Other)
18. Pre-Hospital Vocational Category _____
(1 - Employed; 2 - Sheltered; 3 - Student; 4 - Homemaker; 5 - Not Working; 6 - Retired for Age; 7 - Retired for Disability)
19. Pre-Hospital Vocational Effort _____
(Code only if item 18 is coded 1 - 4; Score using 1 - Full-time; 2 - Part-time; 3 - Adjusted Workload)

Payer Information*

20. Payment Source
 - A. Primary Source _____
 - B. Secondary Source _____

(Score using 01 - Blue Cross; 02 - Medicare non-MCO; 03 - Medicaid non-MCO; 04 - Commercial Insurance; 05 - MCO HMO; 06 - Workers Compensation; 07 - Crippled Children's Service; 08 - Developmental Disabilities Service; 09 - State Vocational Rehabilitation; 10 - Private Pay; 11 - Employee Courtesy; 12 - Unreimbursed; 13 - CHAMPUS; 14 - Other; 15 - None; 16 - No Fault auto insurance; 51 - Medicare MCO; 52 - Medicaid MCO)

Medical Information*

21. Impairment Group _____
Admission _____ Discharge _____
Condition requiring admission to rehabilitation; code according to Appendix A, attached.
22. Etiologic Diagnosis: _____
(Use ICD-9 codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)
23. Date of Onset of Etiologic Diagnosis _____
(MM/DD/YYYY)
24. Comorbid Conditions; Use ICD-9 Codes to enter up to ten medical conditions

A. _____	B. _____
C. _____	D. _____
E. _____	F. _____
G. _____	H. _____
I. _____	J. _____

Medical Needs

25. Is patient comatose at admission? _____
0 - No, 1 - Yes
26. Is patient delirious at admission? _____
0 - No, 1 - Yes
27. Swallowing Status: _____
Admission _____ Discharge _____
 - 3 - Regular Diet: solids and liquids swallowed safely without supervision or modified diet
 - 2 - Modified Diet/ Supervision: subject requires modified diet and/or needs supervision for safety
 - 1 - Tube /Parenteral Feeding: tube / parenteral feeding used wholly or partially as a means of sustenance
28. Clinical signs of dehydration _____
Admission _____ Discharge _____
(Evidence of oliguria, dry skin, orthostatic hypotension, somnolence, agitation; Score 0 - No; 1 - Yes)

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Function Modifiers*

39. FIM™ Instrument*

Complete the following specific functional items prior to scoring the FIM™ Instrument:

		ADMISSION		DISCHARGE
29.	Bladder Level of Assistance (Score using FIM Levels 1 - 7; 8 if unable to assess)	<input type="checkbox"/>		<input type="checkbox"/>

30.	Bladder Freq. of Accidents (Score as below)	<input type="checkbox"/>		<input type="checkbox"/>
	7 - Continent			
	6 - Continent; uses device such as catheter			
	5 - Incontinent every 8 days or more			
	4 - Incontinent every 4 - 7 days			
	3 - Incontinent every 2 - 3 days; not daily			
	2 - Incontinent daily; some control			
	1 - Incontinent with every void			
	8 - Does not void (e.g., due to dialysis)			

Score Item 39G (Bladder) as the lowest (most dependent) score from Items 29 and 30 above.

		ADMISSION		DISCHARGE
31.	Bowel Level of Assistance (Score using FIM Levels 1 - 7; 8 if unable to assess)	<input type="checkbox"/>		<input type="checkbox"/>

32.	Bowel Freq. of Accidents (Score as below)	<input type="checkbox"/>		<input type="checkbox"/>
	7 - Continent			
	6 - Continent; uses device such as ostomy			
	5 - Incontinent every 8 days or more			
	4 - Incontinent every 4 - 7 days			
	3 - Incontinent every 2 - 3 days; not daily			
	1 - Incontinent daily			
	8 - Could not assess, no bowel movement in 8 days			

Score Item 39H (Bowel) as the lowest (most dependent) score of Items 31 and 32.

		ADMISSION		DISCHARGE
33.	Tub Transfer	<input type="checkbox"/>		<input type="checkbox"/>
34.	Shower Transfer	<input type="checkbox"/>		<input type="checkbox"/>

(Score using FIM Levels 1 - 7; 8 if unable to assess)
Score Item 39K (Tub/Shower Transfer) as the lowest (most dependent) score of Items 33 and 34.

		ADMISSION		DISCHARGE
35.	Distance Walked (feet)	<input type="checkbox"/>		<input type="checkbox"/>
36.	Distance Traveled in Wheelchair (feet)	<input type="checkbox"/>		<input type="checkbox"/>

(Score Items 35 and 36 using the following scale: 3 - 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet or unable; 8 - Not applicable)

		ADMISSION		DISCHARGE
37.	Walk	<input type="checkbox"/>		<input type="checkbox"/>
38.	Wheelchair	<input type="checkbox"/>		<input type="checkbox"/>

*(Score using FIM Levels 1 - 7; 8 if not applicable)
Score Item 39L (Walk/Wheelchair) as the lowest (most dependent) score of Items 37 and 38)*

	ADMISSION	DISCHARGE	GOAL
SELF-CARE			
A. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Dressing - Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dressing - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPHINCTER CONTROL			
G. Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERS			
I. Bed, Chair, Whlchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Tub, Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCOMOTION			
L. Walk/Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION			
N. Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL COGNITION			
P. Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIM LEVELS

No Helper

7 Complete Independence (Timely, Safely)

6 Modified Independence (Device)

Helper - Modified Dependence

5 Supervision (Subject = 100%)

4 Minimal Assistance (Subject = 75% or more)

3 Moderate Assistance (Subject = 50% or more)

Helper - Complete Dependence

2 Maximal Assistance (Subject = 25% or more)

1 Total Assistance (Subject less than 25%)

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

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Discharge Information*

Quality Indicators

40. Discharge Date _____ (MM/DD/YYYY)

41. Patient discharge against medical advice: _____
(0 - No, 1 - Yes)

42. Program Interruptions _____
(0 - No; 1 - Yes)

43. Program Interruption Dates _____
(Score only if Item 42 is 1 - Yes)

A. 1st Transfer Date _____ B. 1st Return Date _____
MM/DD/YYYY MM/DD/YYYY

C. 2nd Transfer Date _____ D. 2nd Return Date _____
MM/DD/YYYY MM/DD/YYYY

E. 3rd Transfer Date _____ F. 3rd Return Date _____
MM/DD/YYYY MM/DD/YYYY

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 own facility; 07 - 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

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

46. Diagnosis for Transfer or Death: _____
(Score using ICD-9 code)

47. Complications during rehabilitation stay
(Use ICD-9 codes to specify up to six conditions that began with this rehabilitation stay)

A. _____ B. _____

C. _____ D. _____

E. _____ F. _____

PAIN

51. Rate the highest level of pain reported by the patient within the assessment period:
Admission: _____ Discharge: _____

(Score using the scale below; report whole numbers only)

0	1	2	3	4	5	6	7	8	9	10
No Pain			Moderate Pain				Worst Possible Pain			

PUSH SCALE^ã

Pressure Ulcers

52A. Highest current pressure ulcer stage
Admission _____ Discharge _____

(Score as: 0 - No pressure ulcer; 1 - Any area of persistent skin redness (Stage 1); 2 - Partial loss of skin layers (Stage 2); 3 - Deep craters in the skin (Stage 3); 4 - Breaks in skin exposing muscle or bone (Stage 4); 5 - Not stageable (necrotic eschar predominant; no prior staging available)

52B. Number of current pressure ulcers
Admission _____ Discharge _____

52C. Length multiplied by width (open wound surface area)
Admission _____ Discharge _____

(Score as 0 - 0 cm²; 1 - < 0.3 cm²; 2 - 0.3 to 0.6 cm²; 3 - 0.7 to 1.0 cm²; 4 - 1.1 to 2.0 cm²; 5 - 2.1 to 3.0 cm²; 6 - 3.1 to 4.0 cm²; 7 - 4.1 to 8.0 cm²; 8 - 8.1 to 12.0 cm²; 9 - 12.1 to 24.0 cm²; 10 - > 24 cm²)

52D. Exudate amount
Admission _____ Discharge _____
0 - None; 1 - Light; 2 - Moderate; 3 - Heavy

52E. Tissue type
Admission _____ Discharge _____
0 - Closed/resurfaced: The wound is completely covered with epithelium (new skin); 1 - Epithelial tissue: For superficial ulcers, new pink or shiny tissue (skin) that grows in from the edges or as islands on the ulcer surface. 2 - Granulation tissue: Pink or beefy red tissue with a shiny, moist, granular appearance. 3 - Slough: Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or is mucinous. 4 - Necrotic tissue (eschar): Black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges.

52F. TOTAL PUSH SCORE (Sum of above three items – C, D and E)
Admission _____ Discharge _____

Quality Indicators

RESPIRATORY STATUS	Admission	Discharge
48. Shortness of breath with exertion	_____	_____
49. Shortness of breath at rest	_____	_____
50. Difficulty coughing and clearing airway (Score items 48 to 50 as 0 - No; 1 - Yes)	_____	_____

SAFETY

53. Total number of falls during the rehabilitation stay _____
Discharge _____

54. Balance problem _____
(0 - No; 1 - Yes; e.g., dizziness, vertigo, or light-headedness)
Admission _____ Discharge _____

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