

### PRA Disclosure Statement

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**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 \_\_\_\_\_

5A. Patient Last Name \_\_\_\_\_

5B. Patient Identification Number \_\_\_\_\_

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

**Payer Information\***

20. Payment Source

A. Primary Source \_\_\_\_\_

B. Secondary Source \_\_\_\_\_

(01 - Blue Cross; 02 - Medicare non-MCO;  
03 - Medicaid non-MCO; 04 - Commercial Insurance;  
05 - MCO HMO; 06 - Workers' Compensation;  
07 - Crippled Children's Services; 08 - Developmental  
Disabilities Services; 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
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Condition requiring admission to rehabilitation; code according to Appendix A, attached.

22. Etiologic Diagnosis \_\_\_\_\_  
(Use an ICD-9-CM code to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)

23. Date of Onset of Impairment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY

24. Comorbid Conditions; Use ICD-9-CM 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
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3 - Regular Food: solids and liquids swallowed safely without supervision or modified food consistency

2 - Modified Food Consistency/Supervision: subject requires modified food consistency 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
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(Code 0 - No; 1 - Yes) e.g., evidence of oliguria, dry skin, orthostatic hypotension, somnolence, agitation

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**INPATIENT REHABILITATION FACILITY – PATIENT ASSESSMENT INSTRUMENT**

Function Modifiers*	39. FIM™ Instrument*		
	ADMISSION	DISCHARGE	GOAL
<p><b>Complete the following specific functional items prior to scoring the FIM™ Instrument:</b></p>			
ADMISSION      DISCHARGE			
29. Bladder Level of Assistance (Score using FIM Levels 1 - 7)			
30. Bladder Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>	
7 - No accidents	<input type="checkbox"/>	<input type="checkbox"/>	
6 - No accidents; uses device such as a catheter			
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			
1 - Five or more accidents in the past 7 days			
<i>Enter in Item 39G (Bladder) the lower (more dependent) score from Items 29 and 30 above.</i>			
ADMISSION      DISCHARGE			
31. Bowel Level of Assistance (Score using FIM Levels 1 - 7)	<input type="checkbox"/>	<input type="checkbox"/>	
32. Bowel Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>	
7 - No accidents			
6 - No accidents; uses device such as an ostomy			
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			
1 - Five or more accidents in the past 7 days			
<i>Enter in Item 39H (Bowel) the lower (more dependent) score of Items 31 and 32 above.</i>			
ADMISSION      DISCHARGE			
33. Tub Transfer	<input type="checkbox"/>	<input type="checkbox"/>	
34. Shower Transfer	<input type="checkbox"/>	<input type="checkbox"/>	
(Score Items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not occur) See training manual for scoring of Item 39K (Tub/Shower Transfer)			
ADMISSION      DISCHARGE			
35. Distance Walked	<input type="checkbox"/>	<input type="checkbox"/>	
36. Distance Traveled in Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	
(Code items 35 and 36 using: 3 - 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet; 0 - activity does not occur)			
ADMISSION      DISCHARGE			
37. Walk	<input type="checkbox"/>	<input type="checkbox"/>	
38. Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	
(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)			
<p><b>SELF-CARE</b></p> <p>A. Eating</p>	<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"/>
<b>SPHINCTER CONTROL</b>			
G. Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRANSFERS</b>			
I. Bed, Chair, Wheelchair	<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"/>
<b>LOCOMOTION</b>			
L. Walk/Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION</b>			
N. Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL COGNITION</b>			
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"/>
<b>FIM LEVELS</b>			
<i>No Helper</i>			
7 Complete Independence (Timely, Safely)			
6 Modified Independence (Device)			
<i>Helper - Modified Dependence</i>			
5 Supervision (Subject = 100%)			
4 Minimal Assistance (Subject = 75% or more)			
3 Moderate Assistance (Subject = 50% or more)			
<i>Helper - Complete Dependence</i>			
2 Maximal Assistance (Subject = 25% or more)			
1 Total Assistance (Subject less than 25%)			
0 Activity does not occur; Use this code only at admission			

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**INPATIENT REHABILITATION FACILITY – PATIENT ASSESSMENT INSTRUMENT**

Discharge Information*	Quality Indicators												
<p>40. Discharge Date _____ MM / DD / YYYY</p> <p>41. Patient discharged against medical advice? _____ (0 - No, 1 - Yes)</p> <p>42. Program Interruption(s) _____ (0 - No; 1 - Yes)</p> <p>43. Program Interruption Dates (Code only if Item 42 is 1 - Yes)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. 1<sup>st</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> <td style="width: 50%; vertical-align: top;"> <p>B. 1<sup>st</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>C. 2<sup>nd</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> <td style="vertical-align: top;"> <p>D. 2<sup>nd</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>E. 3<sup>rd</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> <td style="vertical-align: top;"> <p>F. 3<sup>rd</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p> </td> </tr> </table> <p>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)</p> <p>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)</p> <p>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)</p> <p>46. Diagnosis for Interruption or Death _____ (Code using ICD-9-CM code)</p> <p>47. Complications during rehabilitation stay (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. _____</td> <td style="width: 50%;">B. _____</td> </tr> <tr> <td>C. _____</td> <td>D. _____</td> </tr> <tr> <td>E. _____</td> <td>F. _____</td> </tr> </table>	<p>A. 1<sup>st</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>B. 1<sup>st</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>C. 2<sup>nd</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>D. 2<sup>nd</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>E. 3<sup>rd</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>F. 3<sup>rd</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	A. _____	B. _____	C. _____	D. _____	E. _____	F. _____	<p><b>Pressure Ulcers</b></p> <p>Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage.</p> <p>48A. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.</p> <p>Number of Stage 2 pressure ulcers _____ Admission Discharge</p> <p>48B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>Number of Stage 3 pressure ulcers _____ Admission Discharge</p> <p>48C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>Number of Stage 4 pressure ulcers _____ Admission Discharge</p> <p>Worsening in Pressure Ulcer Status Since Admission 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.</p> <p>49A. Stage 2. Enter Number: _____</p> <p>49B. Stage 3. Enter Number: _____</p> <p>49C. Stage 4. Enter Number: _____</p> <p>Healed Pressure Ulcers.</p> <p>50A. Were pressure ulcers present on admission? _____ (0 - No; 1 - Yes)</p> <p>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)</p> <p>50B. Stage 2 Enter Number _____</p> <p>50C. Stage 3 Enter Number _____</p> <p>50D. Stage 4 Enter Number _____</p>
<p>A. 1<sup>st</sup> Interruption Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>	<p>B. 1<sup>st</sup> Return Date</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>MM / DD / YYYY</p>												
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