

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0842**. The time required to complete this information collection is estimated to average **50.5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Identification Information*	Payer Information*																													
<p>1. Facility Information</p> <p>A. Facility Name _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medicare Number _____</p> <p>3. Patient Medicaid Number _____</p> <p>4. Patient First Name _____</p> <p>5A. Patient Last Name _____</p> <p>5B. Patient Identification Number _____</p> <p>6. Birth Date _____</p> <p style="text-align: right;">MM / DD / YYYY</p> <p>7. Social Security Number _____</p> <p>8. Gender (1 - Male; 2 - Female) _____</p> <p>9. Race/Ethnicity (Check all that apply)</p> <p style="padding-left: 40px;">American Indian or Alaska Native A. _____</p> <p style="padding-left: 80px;">Asian B. _____</p> <p style="padding-left: 40px;">Black or African American C. _____</p> <p style="padding-left: 40px;">Hispanic or Latino D. _____</p> <p style="padding-left: 40px;">Native Hawaiian or Other Pacific Islander E. _____</p> <p style="padding-left: 40px;">White F. _____</p> <p>10. Marital Status _____</p> <p>(1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)</p> <p>11. Zip Code of Patient's Pre-Hospital Residence _____</p> <p>12. Admission Date _____</p> <p style="text-align: right;">MM / DD / YYYY</p> <p>13. Assessment Reference Date _____</p> <p style="text-align: right;">MM / DD / YYYY</p> <p>14. Admission Class _____</p> <p>(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</p> <p>15A. Admit From _____</p> <p>(01- Home (private home/apt., board/care, assisted living, group home, transitional living); 02- Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 06 - Home under care of organized home health service organization; 50 - Hospice (home); 51 - Hospice (institutional facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital; 99 - Not Listed)</p> <p>16A. Pre-hospital Living Setting _____</p> <p>Use codes from 15A. Admit From</p> <p>17. Pre-hospital Living With _____</p> <p>(Code only if item 16A is 01- Home: Code using 01 - Alone; 02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)</p> <p>18. DELETED</p> <p>19. DELETED</p>	<p>20. Payment Source _____</p> <p>(02 - Medicare Fee For Service; 51- Medicare-Medicare Advantage; 99 - Not Listed)</p> <p>A. Primary Source _____</p> <p>B. Secondary Source _____</p> <tr style="background-color: black; color: white;"> <th colspan="2" style="text-align: center;">Medical Information*</th> </tr> <p>21. Impairment Group _____</p> <p style="text-align: right;">Admission Discharge</p> <p>Condition requiring admission to rehabilitation; code according to Appendix A.</p> <p>22. Etiologic Diagnosis _____</p> <p>(Use an ICD code to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <p>23. Date of Onset of Impairment _____</p> <p style="text-align: right;">MM / DD / YYYY</p> <p>24. Comorbid Conditions _____</p> <p>Use ICD codes to enter comorbid medical conditions</p> <table style="width: 100%; border: none;"> <tr> <td>A. _____</td> <td>J. _____</td> <td>S. _____</td> </tr> <tr> <td>B. _____</td> <td>K. _____</td> <td>T. _____</td> </tr> <tr> <td>C. _____</td> <td>L. _____</td> <td>U. _____</td> </tr> <tr> <td>D. _____</td> <td>M. _____</td> <td>V. _____</td> </tr> <tr> <td>E. _____</td> <td>N. _____</td> <td>W. _____</td> </tr> <tr> <td>F. _____</td> <td>O. _____</td> <td>X. _____</td> </tr> <tr> <td>G. _____</td> <td>P. _____</td> <td>Y. _____</td> </tr> <tr> <td>H. _____</td> <td>Q. _____</td> <td></td> </tr> <tr> <td>I. _____</td> <td>R. _____</td> <td></td> </tr> </table> <p>25. DELETED</p> <p>26. DELETED</p> <p>Height and Weight _____</p> <p>(While measuring if the number is X.1-X.4 round down, X.5 or greater round up)</p> <p>25A. Height on admission (in inches) _____</p> <p>26A. Weight on admission (in pounds) _____</p> <p>Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.)</p> <p>27. Swallowing Status _____</p> <p style="text-align: right;">Admission Discharge</p> <p>3- <u>Regular Food</u>: solids and liquids swallowed safely without supervision or modified food consistency</p> <p>2- <u>Modified Food Consistency/Supervision</u>: subject requires modified food consistency and/or needs supervision for safety</p> <p>1- <u>Tube/Parenteral Feeding</u>: tube/parenteral feeding used wholly or partially as a means of sustenance</p> <p>28. DELETED</p>	Medical Information*		A. _____	J. _____	S. _____	B. _____	K. _____	T. _____	C. _____	L. _____	U. _____	D. _____	M. _____	V. _____	E. _____	N. _____	W. _____	F. _____	O. _____	X. _____	G. _____	P. _____	Y. _____	H. _____	Q. _____		I. _____	R. _____	
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Function Modifiers*	39. FIM™ Instrument*																																																																																																																																																	
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<p>FIM LEVELS</p> <p><i>No Helper</i></p> <p>7 Complete Independence (Timely, Safely)</p> <p>6 Modified Independence (Device)</p> <p><i>Helper - Modified Dependence</i></p> <p>5 Supervision (Subject = 100%)</p> <p>4 Minimal Assistance (Subject = 75% or more)</p> <p>3 Moderate Assistance (Subject = 50% or more)</p> <p><i>Helper - Complete Dependence</i></p> <p>2 Maximal Assistance (Subject = 25% or more)</p> <p>1 Total Assistance (Subject less than 25%)</p>																																																																																																																																																		
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* The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

Discharge Information*

40. Discharge Date / /
 MM / DD / YYYY

41. Patient discharged against medical advice?
 (0 - No; 1 - Yes)

42. Program Interruption(s)
 (0 - No; 1 - Yes)

43. Program Interruption Dates
 (Code only if item 42 is 1 - Yes)

A. 1st Interruption Date B. 1st Return Date
 MM / DD / YYYY MM / DD / YYYY

C. 2nd Interruption Date D. 2nd Return Date
 MM / DD / YYYY MM / DD / YYYY

E. 3rd Interruption Date F. 3rd Return Date
 MM / DD / YYYY MM / DD / YYYY

44C. Was the patient discharged alive?
 (0 - No; 1 - Yes)

44D. Patient's discharge destination/living setting, using codes below: (answer
 only if 44C = 1; if 44C = 0, skip to item 46)

*(01 - Home (private home/apt., board/care, assisted living, group home,
 transitional living); 02 - Short-term General Hospital; 03 - Skilled Nursing
 Facility (SNF); 04 - Intermediate care; 06 - Home under care of
 organized home health service organization; 50 - Hospice (home);
 51 - Hospice (institutional facility); 61 - Swing bed; 62 - Another
 Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH);
 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility;
 66 - Critical Access Hospital; 99 - Not Listed)*

45. Discharge to Living With
 (Code only if item 44C is 1 - Yes and 44D 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 code)

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

A. B.
 C. D.
 E. F.

* The FIM data set, measurement scale and impairment codes incorporated or
 referenced herein are the property of U B Foundation Activities, Inc. © 1993,
 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

Quality Indicators- Admission Assessment		Quality Indicators- Discharge Assessment	
Enter Code <input type="checkbox"/>	Unhealed Pressure Ulcer(s)- Admission M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher at Admission? 0. No → skip to question I0900 on Admission Assessment 1. Yes → continue to question M0300A on Admission Assessment	Enter Code <input type="checkbox"/>	Unhealed Pressure Ulcer(s)- Discharge M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher on Discharge? 0. No → skip to question M0900A on Discharge Assessment 1. Yes → continue to question M0300A on Discharge Assessment
M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission		M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Discharge	
Enter Number <input type="checkbox"/>	M0300A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues. M0300A1. Number of Stage 1 pressure ulcers: enter how many were noted at the time of admission	Enter Number <input type="checkbox"/> Enter Number <input type="checkbox"/> Enter Number <input type="checkbox"/>	M0300A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues. M0300A1. Enter total number of pressure ulcers currently at Stage 1. If patient has no Stage 1 pressure ulcers at discharge, skip to Item M0300B1. M0300A2. Of these Stage 1 pressure ulcers present at discharge, enter number that were: (a) present on admission as a Stage 1 and (b) remained at Stage 1 at discharge. M0300A3. Of these Stage 1 pressure ulcers, enter the number that were not present on admission. (i.e. – New stage 1 pressure ulcers that have developed during the IRF stay)
Enter Number <input type="checkbox"/>	M0300B. 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. M0300B1. Number of Stage 2 pressure ulcers: enter how many were noted at the time of admission	Enter Number <input type="checkbox"/> Enter Number <input type="checkbox"/> Enter Number <input type="checkbox"/> Enter Number <input type="checkbox"/>	M0300B. 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. M0300B1. Enter total number of pressure ulcers currently at Stage 2. (If patient has no Stage 2 pressure ulcers at discharge, skip to Item M0300C1.) M0300B2. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 2 at discharge. M0300B3. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer due to the presence of a non-removable device and (b) when it became stageable, the pressure ulcer was staged as a Stage 2, and (c) it remained at Stage 2 at the time of discharge. M0300B4. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 2 during the IRF stay

Quality Indicators- Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued	
<p>M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission, Continued</p>		<p>M0300. Current Number of Unhealed Pressure Ulcers at Each Stage-Discharge, Continued</p>	
<p>Enter Number</p> <input type="text"/>	<p>M0300C. 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>M0300C1. Number of Stage 3 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300C. 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>M0300C1. Enter total number of pressure ulcers currently at Stage 3. (If patient has no Stage 3 pressure ulcers at discharge, skip to Item M0300D1.)</p> <p>M0300C2. Of these Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 3 at discharge.</p> <p>M0300C3. Of these Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer, and (b) when it became stageable, it was staged as a Stage 3; and (c) it remained at Stage 3 at the time of discharge.</p> <p>M0300C4. Of these Stage 3 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 3 during the IRF stay; or (c) were unstageable due to a non-removeable device at admission, initially became stageable at a lesser stage, , but then progressed to a Stage 3 by the time of discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300D. 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>M0300D1. Number of Stage 4 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300D. 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>M0300D1. Enter total number of pressure ulcers currently at Stage 4. (If patient has no Stage 4 pressure ulcers at discharge, skip to Item M0300E1.)</p> <p>M0300D2. Of these Stage 4 pressure ulcers present at discharge, enter number that were: (a) present on admission at Stage 4 , and (b) remained at Stage 4 at discharge.</p> <p>M0300D3. Of these Stage 4 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer, and (b) when it became stageable, it was staged as a Stage 4, and (c) it remained at Stage 4 at the time of discharge.</p> <p>M0300D4. Of these Stage 4 pressure ulcers present at discharge, enter the number that were: (a) not present on admission); or (b) were at a lesser stage at admission and worsened to a Stage 4 by discharge; or (c) were unstageable on admission, initially became stageable at a lesser stage, and then progressed to a Stage 4 by the time of discharge.</p>

Quality Indicators-Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued	
<p>Enter Number</p> <input type="text"/>	<p>M0300E. Unstageable Pressure Ulcers due to non-removable dressing/device: Known but not stageable due to the presence of a non-removable dressing/device.</p> <p>M0300E1. Number of unstageable pressure ulcers due to non-removable dressing/device: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300E. Unstageable Pressure Ulcers due to a non-removable dressing or device: pressure ulcers that are known but not stageable due to the presence of a non-removable dressing or device.</p> <p>M0300E1. Enter total number of pressure ulcers currently Unstageable due to a Non-removable dressing or device. (If patient has no pressure ulcers Unstageable due to Non-Removable Device at discharge, skip to Item M0300F1.)</p> <p>M0300E2. Of <u>these</u> Unstageable pressure ulcers due to a non-removable dressing or device present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to non-removable dressing or device; and (b) remained unstageable due to non-removable dressing or device until discharge.</p> <p>M0300E3. Of <u>these</u> Unstageable pressure ulcers due to non-removable dressing or device present at discharge, enter number that were (a) present on admission as a stageable pressure ulcer and became unstageable due to non-removable dressing or device during the IRF stay; and (b) remained unstageable due to a non-removable dressing or device until discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300F. Unstageable Pressure Ulcers due to slough and/or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.</p> <p>M0300F1. Number of unstageable pressure ulcers due to slough and/ or eschar: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300F. Unstageable Pressure Ulcers due to slough or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.</p> <p>M0300F1. Enter total number of pressure ulcers currently Unstageable due to a Slough and/or Eschar. (If patient has no pressure ulcers Unstageable due to Slough and/or Eschar at discharge, skip to Item M0300G1.)</p> <p>M0300F2. Of <u>these</u> Unstageable pressure ulcers due to slough and/or eschar present at discharge, enter number that were: (a) present on admission as an unstageable pressure ulcer due to slough and/or eschar; and (b) remained unstageable due to slough and/or eschar until discharge.</p> <p>M0300F3. Of <u>these</u> Unstageable pressure ulcers due to slough or eschar present at discharge, enter number that were: (a) present on admission as a stageable pressure ulcer and became unstageable due to slough and/or eschar, during the IRF stay; and (b) remained unstageable due to slough and/or eschar until discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.</p> <p>M0300G1. Number of unstageable pressure ulcers with Suspected Deep Tissue Injury in evolution: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.</p> <p>M0300G1. Enter total number of unstageable pressure ulcers with Suspected Deep Tissue Injury. (If patient has no Unstageable pressure ulcers with Suspected Deep Tissue Injury at discharge, skip to Item M0900A.)</p> <p>M0300G2. Of <u>these</u> unstageable pressure ulcers with Suspected DTI present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to a suspected deep tissue injury; and (b) remained unstageable due to a suspected DTI until discharge.</p>

Quality Indicators- Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued																	
I0900. Pressure Ulcer Risk Conditions- Admission		M0900. Healed Pressure Ulcers- Discharge																	
Indicate below if the patient has any of the following pressure ulcer risk conditions: (NOTE: You must also document the appropriate ICD codes for any pressure ulcer risk conditions documented below in Item 24 "Comorbid Conditions" above.)		Indicate the number of pressure ulcers that were: (a) present on Admission ; and (b) have completely closed (resurfaced with epithelium) upon Discharge . If there are no healed pressure ulcers noted at a given stage, enter 0.																	
Enter Number	I0900A. Peripheral Vascular Disease (PVD) 0. No 1. Yes	Enter Number	M0900A. Stage 1																
Enter Number	I0900B. Peripheral Arterial Disease(PAD) 0. No 1. Yes	Enter Number	M0900B. Stage 2																
Enter Number	I2900A. Diabetes Mellitus (DM) <i>If I2900A = 0, skip I2900B-D</i> 0. No 1. Yes	Enter Number	M0900C. Stage 3																
Enter Number	I2900B. Diabetic Retinopathy 0. No 1. Yes	Enter Number	M0900D. Stage 4																
Enter Number	I2900C. Diabetic Nephropathy 0. No 1. Yes																		
Enter Number	I2900D. Diabetic Neuropathy 0. No 1. Yes																		
		O0250. Influenza Vaccine – Discharge - Refer to current version of IRF-PAI Training Manual for current influenza vaccination season and reporting period.																	
		Enter Code	O0250A. Did the patient receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season? 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received																
			O0250B. Date influenza vaccine received → Complete date and skip to Z0400A, Signature of Persons Completing the Assessment																
			<table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td> </tr> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	MM	DD	YYYY												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
MM	DD	YYYY																	
		Enter Code	O0250C. If influenza vaccine not received, state reason:																
			<ol style="list-style-type: none"> 1. Patient not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage. 9. None of the above 																

Item Z0400A. Signature of Persons Completing the Assessment*

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that patients receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information.

Signature	Title	Date Information is Provided	Time
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			