

PA FED (Functional Eligibility Determination) form

A. Identification Information

1. Name

First Name _____

Middle Initial _____

Last Name _____

Jr. / Sr. _____

2. Gender

- Male
 Female
 Unspecified

3. Birthdate _____

4. Assessment Reference Date _____

5. Address

Street Address _____

City _____

State

Please use state abbreviations or full name, such as "TX, or Texas"

Zip

Please input as "12345" or "12345-1234"

6. Phone Number _____

7. Reason for Assessment

- First assessment
- Routine assessment
- Return assessment
- Significant change in status reassessment
- Discharge assessment, covers last 3 days of service
- Discharge tracking only
- Other - e.g. research

8. Primary Language

9. Ethnicity

a. Hispanic or Latino:

- No
- Yes

10. Race

b. American Indian or Alaska Native:

- No
- Yes

c. Asian:

- No
- Yes

d. Black or African American:

- No
- Yes

e. Native Hawaiian or other Pacific Islander:

- No
- Yes

f. White or Caucasian

- No
- Yes

11. Residential / Living status at time of assessment

- Private home / apartment / rented room
- Board and care
- Assisted living or semi-independent living
- Mental health residence - e.g. psychiatric group home
- Group home for persons with physical disability
- Setting for persons with intellectual disability
- Psychiatric hospital or unit
- Homeless (with or without shelter)
- Long-term care facility (nursing home)
- Rehabilitation hospital / unit
- Hospice facility / palliative care unit
- Acute care hospital
- Correctional facility
- Other

12. Living Arrangement

a. Lives

- Alone
- With spouse / partner only
- With spouse / partner and other(s)
- With child (not spouse / partner)
- With parent(s) or guardian(s)
- With sibling(s)
- With other relative(s)
- With non-relative(s)

13. What was the outcome when individual was offered a voter registration form?

- Individual declined - already registered
- Assessor will submit completed voter registration
- Individual declined application
- No Response
- Does not meet voter registration requirements (i.e. citizenship, etc.)

Notes

B. Cognition

1. Cognitive Skills For Daily Decision Making:

Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do. Consider all episodes over 3-day period.)

- Independent — Decisions consistent, reasonable, and safe
- Modified independence — Some difficulty in new situations only
- Minimally impaired — In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times
- Moderately impaired — Decisions consistently poor or unsafe; cues/supervision required at all times
- Severely impaired — Never or rarely makes decisions
- No discernable consciousness, coma [Skip to Section D]

2. Memory/Recall Ability:

Code for recall of what was learned or known

a. Short-term memory OK - Seems/appears to recall after 5 minutes

- Yes, memory OK over the last 3 days
- Memory problem present in the last 3 days

b. Procedural memory OK - Can perform all or almost all steps in a multitask sequences without cues

- Yes, memory OK over the last 3 days
- Memory problem present in the last 3 days

c. Situational memory OK - Both: recognizes caregivers' names/faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room)

- Yes, memory OK over the last 3 days
- Memory problem present in the last 3 days

3. Periodic Disordered Thinking Or Awareness:

[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time]

a. Easily distracted - e.g., episodes of difficulty paying attention; gets sidetracked

- Behavior not present in the last 3 days
- Behavior present in the last 3 days, consistent with usual functioning
- Behavior present in the last 3 days, appears different from usual functions (e.g., new onset or worsening; different from a few weeks ago)

b. Episodes of disorganized speech - e.g., speech in nonsensical, irrelevant, or rambling from subject to subject; loses train of thought

- Behavior not present
- Behavior present, consistent with usual functioning
- Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

c. Mental function varies over the course of the day - e.g., sometimes better, sometimes worse

- Behavior not present
- Behavior present, consistent with usual functioning
- Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

4. Acute Change in Mental Status From Person's Usual Functioning:

e.g., restlessness, lethargy, difficult to arouse, altered environmental perception

- No, behavior not present in the last 3 days
- Yes, behavior present in the last 3 days

Notes

C. Mood and Behavior

1. Behavior Symptoms

Code for indicators observed, irrespective of the assumed cause

a. Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

b. Verbal abuse - e.g., others were threatened, screamed at, cursed at

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

c. Physical abuse - e.g., others were hit, shoved, scratched, sexually abused

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

d. Socially inappropriate or disruptive behavior - e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through others' belongings

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

e. Inappropriate public sexual behavior or public disrobing

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

f. Resists care - e.g., taking medications / injections, ADL assistance, eating

- Not present
- Present but not exhibited in last 3 days
- Exhibited in 1-2 of last 3 days
- Exhibited daily in last 3 days

Notes

D. Functional Status

1. Activities of Daily Living Self-Performance

Consider all episodes over 3-day period

a. Bathing

How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cuing
- Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

b. Personal hygiene

How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - EXCLUDE BATHS AND SHOWERS

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

c. Dressing upper body

How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

d. Dressing lower body

How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

e. Walking

How walks between locations on same floor indoors

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

f. Locomotion

How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

g. Transfer toilet

How moves on and off toilet or commode

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

h. Toilet use

How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes - EXCLUDE TRANSFER ON AND OFF TOILET

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

i. Eating

How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

- Independent - No physical assistance, setup, or supervision in any episode
- Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
- Supervision - Oversight / cueing
- Limited assistance - Guided manoeuvring of limbs, physical guidance without taking weight
- Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers - OR - Weight-bearing support for more than 50% of subtasks
- Total dependence - Full performance by others during all episodes
- Activity did not occur during entire period

2. Locomotion/Walking

a. Primary Mode of locomotion

- Walking, no assistive device used in the last 3 days
- Walking, uses assistive device in the last 3 days - e.g., cane, walker, crutch, pushing wheelchair
- Wheelchair, scooter used in the last 3 days
- Bedbound for the last 3 days

3. Managing Medications

How medications are managed (e.g., remembering to take medications, opening bottles, taking correct drug dosages, giving injections, applying ointments). Consider all episodes over 3-day period.

- Independent - No help, setup, or supervision
- Setup help only
- Supervision - Oversight / Cueing
- Limited assistance - Help on some occasions
- Extensive Assistance - Help throughout task, but performs 50% or more of tasks on own
- Maximal Assistance - Help throughout task, but performs less than 50% of tasks on own
- Total Dependence - Full performance by others during entire period

Notes

E. Continence

1. Bladder Continence

- Continent - Complete control; DOES NOT USE any type of catheter or other urinary collection device
- Control with any catheter or ostomy over last 3 days
- Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes
- Occasionally incontinent - Less than daily
- Frequently incontinent - Daily, but some control present
- Incontinent - No control present
- Did not occur - No urine output from bladder in last 3 days

2. Urinary Collection Device [Exclude pads / briefs]

- None
- Condom catheter
- Indwelling catheter
- Cystostomy, nephrostomy, ureterostomy

3. Bowel Continence

- Continent - Complete control; DOES NOT USE any type of ostomy device
- Control with ostomy - Control with ostomy device over last 3 days
- Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes
- Occasionally incontinent - Less than daily
- Frequently incontinent - Daily, but some control present
- Incontinent - No control present
- Did not occur - No bowel movement in last 3 days

4. Pads or Briefs Worn

- No, not in last 3 days
- Yes, one or more times in the last 3 days

Notes

F. Treatments and Procedures

1. Prevention

a. Blood Pressure measured in LAST YEAR

- No
- Yes

b. Colonoscopy test in LAST 5 YEARS

- No
- Yes

c. Dental exam in LAST YEAR

- No
- Yes

d. Eye exam in LAST YEAR

- No
- Yes

e. Hearing exam in LAST 2 YEARS

- No
- Yes

f. Influenza vaccine in LAST YEAR

- No
- Yes

g. Mammogram or breast exam in LAST 2 YEARS (for women)

- No
- Yes

h. Pneumovax vaccine in LAST 5 YEARS or after age 65

- No
- Yes

2. Treatments and Programs Received/Scheduled

Treatments and Programs Received or Scheduled in the Last 3 days (or since last assessment if less than 3 days)

Treatments

a. Chemotherapy

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

b. Dialysis

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

c. Infection control – e.g. isolation, quarantine

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

d. IV medication

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

e. Oxygen therapy

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

f. Radiation

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

g. Suctioning

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

h. Tracheostomy care

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

i. Transfusion

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

j. Ventilator or respirator

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

k. Wound care

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

Programs

l. Scheduled toileting program

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

m. Palliative care program

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

n. Turning / repositioning program

- Not ordered AND did not occur
- Ordered, not implemented
- 1 – 2 of last 3 days
- Daily in last 3 days

Notes

Signed by:

- Person
- Proxy

Person Signature

