

FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

SECTION A. Identification

1. Name <u>Tony Wang</u> <small>a. First b. Middle Initial c. Last d. Jr/Sr</small>		2. Gender 1 1 Male 2 Female
3. Birthdate <u>1990</u> / <u>10</u> / <u>07</u> <small>Year Month Day</small>	4. Assessment Reference Date <u>20</u> <u>21</u> / <u>10</u> / <u>07</u> <small>Year Month Day</small>	
5. Address <u>10234 Some Street, Apt 8</u> <u>Pittsburgh</u> <u>PA</u> <u>15090</u> <small>Street address City State ZIP</small>		
6. Phone Number <u>(XXX) XXX-XXXX</u>		
7. Reason for Assessment 1 First assessment 2 Routine assessment 3 Return assessment 4 Significant change in status reassessment 5 Discharge assessment, covers last 3 days of service 6 Discharge tracking only 7 Other—e.g., research		1
8. Primary Language 1 English 2 Spanish 3 Russian 4 Other		1
9. Ethnicity 0 No 1 Yes a. Hispanic or Latino	10. Race 0 No 1 Yes b. American Indian or Alaska Native c. Asian d. Black or African American e. Native Hawaiian or other Pacific Islander f. White or Caucasian	
11. Residential / Living Status at Time of Assessment 01 Private home / apartment / rented room 02 Board and care 03 Assisted living or semi-independent living 04 Mental health residence / psychiatric group home 05 Group home for persons with physical disability 06 Setting for persons with intellectual disability 07 Psychiatric hospital or unit 08 Homeless (with or without shelter) 09 Long-term care facility (nursing home) 10 Rehabilitation Hospital / Unit 11 Hospice facility / palliative care unit 12 Acute care hospital 13 Correctional facility 14 Other		0 1
12. Living Arrangement a. Lives 1 Alone 2 With spouse / partner only 3 With spouse / partner and other(s) 4 With child (not spouse / partner) 5 With parent(s) or guardian(s) 6 With siblings(s) 7 With other relative(s) 8 With non-relative(s)		2
13. What was the outcome when individual was offered a voter registration form? 1 Individual declined – already registered 2 Assessor will submit completed voter registration 3 Individual declined application 4 No response 5 Does not meet voter registration requirements (i.e., citizenship, etc.)		1

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SECTION 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.

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0 Independent—Decisions consistent, reasonable, and safe

1 Modified independence—Some difficulty in new situations only

2 Minimally impaired—In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times

3 Moderately impaired—Decisions consistently poor or unsafe; cues / supervision required at all times

4 Severely impaired—Never or rarely makes decisions

5 No discernible consciousness, coma [Skip to Section D]

2. Memory / Recall Ability

Code for recall of what was learned or known

0 Yes, memory OK over the last 3 days **1** Memory problem present in the last 3 days

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

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

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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)

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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]

0 Behavior not present in the last 3 days

1 Behavior present in the last 3 days, consistent with usual functioning

2 Behavior present in the last 3 days, appears different from usual functions (e.g., new onset or worsening; different from a few weeks ago)

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

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b. Episodes of disorganized speech (e.g., speech is nonsensical, irrelevant, or rambling from subject to subject, loses train of thought)

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

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

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

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0 No, behavior not present in the last 3 days

1 Yes, behavior present in the last 3 days

SECTION C. Mood and Behavior

1. Behavior Symptoms

Code for indicators observed, irrespective of the assumed cause

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

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

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

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

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

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e. Inappropriate public sexual behavior or public disrobing

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

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SECTION D. Functional Status

1. Activities of Daily Living Self-Performance

Consider all episodes over 3-day period

0 Independent—No physical assistance, setup, or supervision in any episode

1 Independent, setup help only—Article or device provided or placed within reach, no physical assistance or supervision in any episode

2 Supervision—Oversight / cuing

3 Limited assistance—Guided maneuvering of limbs, physical guidance without taking weight

4 Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

5 Maximal assistance—Weight-bearing support (including lifting limbs) by 2+ helpers OR weight-bearing support for more than 50% of subtasks

6 Total Dependence—Full performance by others during all episodes

8 Activity did not occur during entire 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

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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

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c. Dressing Upper Body

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

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d. Dressing Lower Body

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

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e. Walking

How walks between locations on same floor indoors

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f. Locomotion

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

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g. Transfer Toilet

How moves on and off toilet or commode

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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

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i. Eating

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

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2. Locomotion / Walking

a. Primary Mode of Locomotion

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

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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.*

- 0 Independent—No help, setup, or supervision
 1 Setup help only
 2 Supervision—Oversight / cuing
 3 Limited assistance—Help on some occasions
 4 Extensive assistance—Help throughout task, but performs 50% or more of tasks on own
 5 Maximal assistance—Help throughout task, but performs less than 50% of tasks on own
 6 Total Dependence—Full performance by others during entire period

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SECTION E. Continence

1. Bladder Continence

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

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2. Urinary Collection Device [Exclude pads / briefs]

- 0 None 1 Condom catheter 2 Indwelling catheter 3 Cystostomy, nephrostomy, uterostomy

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3. Bowel Continence

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

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4. Pads or Briefs Worn

- 0 No, not in the last 3 days 1 Yes, one or more times in the last 3 days

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SECTION F. Treatments and Procedures

1. Prevention

- 0 No 1 Yes

- a. Blood pressure measured in LAST YEAR
 b. Colonoscopy test in LAST 5 YEARS
 c. Dental exam in LAST YEAR
 d. Eye exam in LAST YEAR
 e. Hearing exam in LAST 2 YEARS

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- f. Influenza vaccine in LAST YEAR
 g. Mammogram or breast exam in LAST 2 YEARS (for women)
 h. Pneumovax vaccine in LAST 5 YEARS OR AFTER AGE 65

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2. Treatments and Programs received or scheduled in the last 3 days (or since last assessment if less than 3 days)

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

Treatments

- a. Chemotherapy
- b. Dialysis
- c. Infection control—e.g., isolation, quarantine
- d. IV medication
- e. Oxygen therapy
- f. Radiation

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- g. Suctioning
- h. Tracheostomy care
- i. Transfusion
- j. Ventilator or respirator
- k. Wound Care

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Programs

- l. Scheduled toileting program
- m. Palliative care program
- n. Turning / repositioning program

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