

# FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

## SECTION A. Identification

<b>1. Name</b> _____ <small>a. First                      b. Middle Initial    c. Last                      d. Jr/Sr</small>		<b>2. Gender</b> <input type="checkbox"/> <b>1 Male    2 Female</b>
<b>3. Birthdate</b> ____/____/____ <small>Year                      Month                      Day</small>	<b>4. Assessment Reference Date</b> <u>2</u> <u>0</u> ____/____/____ <small>Year                      Month                      Day</small>	
<b>5. Address</b> _____ <small>Street address                      City                      State                      ZIP</small>		
<b>6. Phone Number</b> (____) ____-____		
<b>7. Reason for Assessment</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1</b> First assessment  <b>2</b> Routine assessment  <b>3</b> Return assessment  <b>4</b> Significant change in status reassessment             </div> <div style="width: 45%;"> <b>5</b> Discharge assessment, covers last 3 days of service  <b>6</b> Discharge tracking only  <b>7</b> Other—e.g., research             </div> </div>		
<b>8. Primary Language</b> <b>1</b> English <b>2</b> Spanish <b>3</b> Russian <b>4</b> Other		
<b>9. Ethnicity</b> <b>0</b> No <b>1</b> Yes a. Hispanic or Latino <input type="checkbox"/>	<b>10. Race</b> <b>0</b> No <b>1</b> 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	
<b>11. Residential / Living Status at Time of Assessment</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>01</b> Private home / apartment / rented room  <b>02</b> Board and care  <b>03</b> Assisted living or semi-independent living  <b>04</b> Mental health residence / psychiatric group home  <b>05</b> Group home for persons with physical disability  <b>06</b> Setting for persons with intellectual disability  <b>07</b> Psychiatric hospital or unit             </div> <div style="width: 45%;"> <b>08</b> Homeless (with or without shelter)  <b>09</b> Long-term care facility (nursing home)  <b>10</b> Rehabilitation Hospital / Unit  <b>11</b> Hospice facility / palliative care unit  <b>12</b> Acute care hospital  <b>13</b> Correctional facility  <b>14</b> Other             </div> </div>		
<b>12. Living Arrangement</b> <b>a. Lives</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1</b> Alone  <b>2</b> With spouse / partner only  <b>3</b> With spouse / partner and other(s)  <b>4</b> With child (not spouse / partner)             </div> <div style="width: 45%;"> <b>5</b> With parent(s) or guardian(s)  <b>6</b> With siblings(s)  <b>7</b> With other relative(s)  <b>8</b> With non-relative(s)             </div> </div>		
<b>13. What was the outcome when individual was offered a voter registration form?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1</b> Individual declined – already registered  <b>2</b> Assessor will submit completed voter registration  <b>3</b> Individual declined application             </div> <div style="width: 45%;"> <b>4</b> No response  <b>5</b> Does not meet voter registration requirements (i.e., citizenship, etc.)             </div> </div>		

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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)

☐

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

☐

### 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

☐

**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** ☐

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

## 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 ☐

#### **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 ☐

#### **c. Dressing Upper Body**

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

#### **d. Dressing Lower Body**

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

#### **e. Walking**

How walks between locations on same floor indoors ☐

#### **f. Locomotion**

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

#### **g. Transfer Toilet**

How moves on and off toilet or commode ☐

#### **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 ☐

#### **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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## FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

### 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

### 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

## 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

### 2. Urinary Collection Device [Exclude pads / briefs]

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

### 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

### 4. Pads or Briefs Worn

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

## SECTION F. Treatments and Procedures

### 1. Prevention

- 0 No      1 Yes
- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a. Blood pressure measured in LAST YEAR | <input type="checkbox"/> | f. Influenza vaccine in LAST YEAR                       | <input type="checkbox"/> |
| b. Colonoscopy test in LAST 5 YEARS     | <input type="checkbox"/> | g. Mammogram or breast exam in LAST 2 YEARS (for women) | <input type="checkbox"/> |
| c. Dental exam in LAST YEAR             | <input type="checkbox"/> | h. Pneumovax vaccine in LAST 5 YEARS OR AFTER AGE 65    | <input type="checkbox"/> |
| d. Eye exam in LAST YEAR                | <input type="checkbox"/> |   |                          |
| e. Hearing exam in LAST 2 YEARS         | <input type="checkbox"/> |   |                          |

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## FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

### 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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