



CENTER FOR MEDICARE AND MEDICAID SERVICES

PRESENTATION FOR THE

***INPATIENT REHABILITATION FACILITY-
PATIENT ASSESSMENT INSTRUMENT***

OCTOBER-NOVEMBER , 2001





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Objectives

- **Following this presentation, the participant will:**
- **Accurately administer the Functional assessment items and Function Modifiers as part of the Inpatient Rehabilitation Facility-Patient Assessment Instrument for patients receiving Medicare Part A benefits.**



Objectives

- **Accurately identify Admission, Medical and Discharge Information for completion of the IRF-PAI.**



AGENDA

- **Review of Background/History of the PPS**
- **Review of items needed for patient classification at admission and discharge**
- **Identification of scoring levels**

AGENDA

- **Review of conceptual framework**
- **Review of functional assessment items including definitions and examples and Function Modifiers**
- **Practice sessions using case studies**



Background Information

- **1965: Medicare statute was enacted providing for payment for hospital services based on the reasonable costs incurred in providing services to Medicare beneficiaries.**



Background Information

- **1982: Statute was amended by the Tax Equity and Fiscal Responsibility Act (TEFRA) which limited payment by placing a cap on allowable costs per discharge.**



Background Information

- **1983: Social Security Amendment establishes a prospective payment system (PPS) for operating costs of inpatient hospital stays (the Diagnosis Related Groups--DRGs).**



Background Information

- **Excluded from DRGs were:**
- **Children's hospitals**
- **Psychiatric care facilities**
- **Long-term care facilities**
- **Rehabilitation facilities**



Background Information

- **Exclusion criteria:**
- **Must have a provider agreement**
- **Must service an inpatient population of whom at least 75% require intensive rehabilitation services for one or more of the following conditions:**

Background Information

- **Hip fracture**
- **Stroke**
- **Spinal cord injury**
- **Brain injury**
- **Burns**

Background Information

- **Congenital deformity**
- **Amputation**
- **Major multiple trauma**
- **Neurological disorders**
- **Polyarthrititis (including rheumatoid arthritis)**



Background Information

- **The following services must be provided:**
- **Physician monitoring and provision of care**
- **Rehabilitation nursing**
- **Therapies (PT, OT, SP)**
- **Psychosocial/social work interventions**
- **Orthotic and prosthetic services**



Background Information

- **The DRG system does not take into account the special circumstances of care required by those diagnoses that result in longer lengths of stay or stays that are more costly than the expected.**



Background Information

- The average length of stay in acute care hospitals decreases under DRGs.
- Patients are discharged to rehabilitation settings **AND**
- Payments to rehabilitation facilities rises approximately 18% annually.

Background Information

- **In addition, the TEFRA system stays in effect for an extended period resulting in inequities in payment between older and newer facilities.**
- **New facilities establish high cost limits**
- **Old facilities most likely had costs above their limits and received low payments as a result.**



Background Information

- In 1984 the FIM™ Instrument was developed .
- Research efforts were begun (1987) to develop an alternative prospective payment system for inpatient rehabilitation facilities.
- Much of the research was conducted by RAND.

Background Information

- **In 1984 the Function Related Groups (FRG's) were developed by Dr. M. Stineman (et al.)**
- **The FRG's could be related to the major categories of the DRGs and also to the related ICD-9-CM codes.**



Background Information

- **The rapid growth of rehabilitation facilities and the escalation of Medicare payments result in an effort to control costs.**

Background Information

- In 1994 RAND was commissioned to determine:
- The feasibility of using the FRG's as the basis for a payment system taking into account such variables as: the use of Medicare cases, interrupted stay cases, and comorbidities.



Background Information

- **The study determined that:**
- **The FIM-FRG's were effective predictors of resource use based on length of stay.**
- **The FIM-FRG's remained stable over time.**
- **That this was a feasible model for payment.**



Background Information

- **1997: The Prospective Payment Assessment Commission (PROPAC) reports to Congress the need to implement the Inpatient Rehabilitation Facilities Prospective Payment System as soon as possible and that the FIM-FRG's could be the basis for PPS.**



Background Information

- **Thus Congress enacts:**
- **Balanced Budget Act (BBA) of 1997**
- **Balanced Budget Refinement Act (BBRA) of 1999 with provisions for implementation of a Prospective Payment System (PPS)**



Background Information

- **The BBA, BBRA and sections of the Benefits Improvement and Protection Act of 2000 authorizes the implementation of a PPS under Medicare for inpatient hospital services furnished by a rehabilitation hospital or unit of a hospital (IRF).**



Background Information

- **Inpatient rehabilitation facilities will be paid on a predetermined amount (the PPS).**
- **1997: HCFA publishes the criteria for the Prospective Payment System (PPS).**

Background Information

- **2001: HCFA (CMS) establishes a common instrument to assess patients following a comparison study of 2 proposed instruments. (A Final Report on Assessment Instruments for PPS: JL Buchanan, et al. Harvard University, Boston, Mass.)**



Background Information

- **The Final Rule of August, 2001 uses the FIM™ instrument within the Inpatient Rehabilitation Facility Patient Assessment Instrument.**

Background Information

- **Implementation of the IRF-PAI instrument is January 1, 2002.**



Instrument in Appendix E

- **The Instrument in Appendix E of the manual is the new reimbursement instrument to be used to establish payment for inpatient rehabilitation Medicare Part A fee-for-service patients-----the IRF-PAI-----the Inpatient Rehabilitation Facility-Patient Assessment Instrument.**



PATIENT INFORMATION

Identification Information (items 1-11)

- The first 3 sections of the Assessment Instrument cover patient information as noted in:
- Identification Information (items 1-11):
- #1-Facility Information:
 - A) Enter the full name of the facility
 - B) Medicare Provider Number:
assigned number by CMS.



PATIENT INFORMATION

Identification Information (items 1-11)

- **#5A-Enter the patient's last name**
- **#5B-Enter the patient's medical record number or other unique identifier.**
- **#9-Race/Ethnicity (Check all that apply)**



Admission Information Items 12-19

- **#12: Admission Date:**
- **The date of admission to the comprehensive medical rehabilitation unit or hospital and the date that the patient begins receiving Medicare Part A fee-for-service benefits.**
- **Code using the MM/DD/YYYY format.**



Admission Information Items 12-19

- ***#13: Assessment Reference Date:***
- **This is the 3rd calendar day after admission and represents the last day of the 3 day assessment time period (these 3 days are the days during which the patient's clinical condition are to be assessed).**
- **Code using the MM/DD/YYYY format**

Admission Class

- ***#14: Enter the admission class as defined below:***
- **1-Initial Rehabilitation:** The patient's first admission to any comprehensive medical rehabilitation (CMR) program for this impairment.
- **Code as "1"**



Admission Class

- **2-Evaluation:**
- **This is a pre-planned stay of fewer than 10 days on the rehabilitation service for evaluation OR**
- **A rehabilitation stay that lasts fewer than 10 days because of medical complications or AMA discharge.**



Admission Class

- Do not use this code for a rehabilitation stay that is *completed* in fewer than 10 days.



Admission Class

- **A rehabilitation stay that is completed in less than 10 days may be classified as an initial admission, a readmission or a continuing rehabilitation.**



Admission Class

- **3-Readmission:**
- **This is a stay in which the patient was previously admitted to a rehabilitation facility (comprehensive medical rehabilitation) for this impairment, but is not admitted to the current rehabilitation program directly from another rehabilitation program.**



Admission Class

- **4-Unplanned discharge:**
- **This is a stay that lasts less than 3 calendar days because of an unplanned discharge.**



Admission Class

- **5-Continuing Rehabilitation:** This is part of a rehabilitation stay that began in another rehabilitation unit/facility.
- **The subject is admitted directly from a rehabilitation program.**
- **(Code as 5).**



Admission Information

- **Items 15 through 19 are to be coded using the appropriate number as indicated and refer to:**
- **#15. Admit from (01-Home through 14-Assisted Living Residence)**



- **#15:**
- **01-Home**
- **02-Board and Care**
- **03-Transitional Living**
- **04-Intermediate Care**
- **05-Skilled Nursing Facility**



- **#15 Cont'd.**
- **06-Acute Unit of Own Facility**
- **07-Acute Unit of Another Facility**
- **08-Chronic Hospital**
- **09-Rehabilitation Facility**
- **10-Other**



- **#15 Cont'd**
- **12-Alternate Level of Care Unit**
- **13-Subacute Setting**
- **14-Assisted Living Residence**



Admission Information

- **#16: Pre-Hospital Living Setting:**
- **Enter the number of the setting where the patient was living prior to being hospitalized.**
- **See Item #15 (Admit from) for the definitions of codes.**



Admission Information

- **#17: Pre-Hospital Living With:**
- **Complete this item only if you selected code-01 (Home) in Item #16.**
- **Enter the relationship of any individuals who resided with the patient prior to the patient's hospitalization. If more than 1 person qualifies, enter the 1st appropriate category on the list.**



Admission Information

- **#18: Pre-Hospital Vocational Setting:**
- **Enter whether the patient was:
employed, a student, a homemaker,
or retired prior to this hospitalization.**
- **If more than 1 category applies, enter
the 1st appropriate code on the list.**



Admission Information

- **EXCEPTION:**
- **If the patient is retired (60 years of age or older) and receiving retirement benefits, enter code “6”-Retired for Age.**
- **Code “7”-retired for Disability-refers to the patient who is receiving benefits and is less than 60 years of age.**



Admission Information

- **#19: Pre-Hospital Vocational Living Effort-Complete this item only if Item 18 (Pre-Hospital Vocational Category) is coded 1-4.**
- **Enter the patient's vocational effort prior to hospitalization for this disabling condition using the code of:**



Admission Information

- **Full-time**
- **Part-time**
- **Adjusted Workload**

- **Definitions of the above can be found in the manual.**



Payer Information

- **Enter the source of payment for inpatient rehabilitation charges. Enter the appropriate category for both primary and secondary source of payment.**



Payer Information

- **Note: Medicare regulations require completion of the IRF-PAI only for patients admitted to IRFs and who are covered under Medicare Part A fee-for-service for the inpatient rehabilitation stay.**



Payer Information

- **Code the Primary and Secondary source of payment according to the list provided in the manual(i.e., 01-Blue Cross, 02 Medicare non-MCO, 03-Medicaid non-MCO, etc)**



Medical Information

- This section covers Items #21-24.

This information will be covered on Day 2 of this presentation



Medical Needs

- ***Items 25-28:*** Identify specific conditions or the status of the patient. Definitions and coding criteria are in the manual in Section IV: Medical Needs/Quality Indicators.
- ***CMS has identified that completion of the Items 25-28 is voluntary.***



FUNCTION MODIFIERS

- **Function Modifiers:**
- **Items 29-38: Should be completed prior to scoring the FIM™ instrument items (Items 39A-39R).**
- **These items are coded both at admission and discharge.**



FUNCTION MODIFIERS

- **Record the score that best describes the patient's level of function for the Function Modifiers.**



FUNCTION MODIFIERS

- **For the Function Modifiers (items 33-38) a code of “0” may be used on admission and discharge.**
- **A code of “0” for the Function Modifiers or the FIM items means the patient does not perform the activity, and a helper does not perform the activity for the patient.**

Conceptual Basis for the FIM

- **The functional assessment items are based on the theory of the measurement of disability as stated by the World Health Organization's Disablement Model (1980).**
- **The FIM items are also based on the concept of measurement of burden of care.**

Disablement Model (1980)

- The following WHO definitions are used to describe the disablement model:
- **Impairment:** Any loss or abnormality of psychological, physiological or anatomical structure and function.
- This occurs at the “organ” level.



Conceptual Basis for the FIM

- **Disability:**
- **Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a person of the same age, culture and education.**
- **This occurs at the “person” level.**

Conceptual Basis for the FIM

- The current WHO definition now refers to disability as “activity.”

Conceptual Basis for the FIM

- **Handicap:**
- **A disadvantage for a given individual, resulting from an impairment or a disability that prevents the fulfillment of roles.**
- **This occurs at the “societal” level.**

Conceptual Basis for the FIM

- The current WHO definition now refers to handicap as “participation.”

Conceptual Basis for the FIM

<i>Disease</i>	<i>Impairment</i>	<i>Disability</i>	<i>Handicap</i>
Tissue level	Organ level Structure/Function	Person level Daily Activities	Societal level Person-to-person Or person to environment
<i>Examples</i>	<i>Examples</i>	<i>Examples</i>	<i>Examples</i>
Atherosclerosis Stroke Trauma Brain injury	Paralysis Aphasia	Self-care Mobility Communication	Work role Social role Leisure role

Burden of Care

- ***The Concept of Burden of Care:***
- **Refers to the type and amount of assistance required for a disabled individual to perform basic life activities effectively.**

Burden of Care

- ***The question is:***
- **How much assistance does the individual receive from another person or by the use of an assistive device?**



Burden of Care

- **Taking into consideration a means to measure burden of care allows you to address the issue of resource use—both in time and personnel.**



FIM™ Instrument

- **Items #39 A-R:**
- **There are 18 items in this section that are to be scored on admission and discharge using the FIM levels 1-7.**
- **Score “0” on admission only for some items.**



FIM ITEMS

- ***The SELF CARE ITEMS ARE:***
- **EATING**
- **GROOMING**
- **BATHING**
- **DRESSING UPPER BODY**
- **DRESSING LOWER BODY**
- **TOILETING**

FIM ITEMS

- ***SPHINCTER CONTROL ITEMS ARE:***
- **BLADDER**
- **BOWEL**



FIM ITEMS

- ***TRANSFER ITEMS ARE:***
- **BED, CHAIR, WHEELCHAIR**
- **TOILET**
- **TUB OR SHOWER**



FIM ITEMS

- ***LOCOMOTION ITEMS ARE:***
- **WALK/WHEELCHAIR**
- **STAIRS**

FIM ITEMS

- **COMMUNICATION/COGNITION ITEMS ARE:**
- **COMPREHENSION**
- **EXPRESSION**

FIM ITEMS

- ***SOCIAL COGNITION ITEMS ARE:***
- **SOCIAL INTERACTION**
- **PROBLEM SOLVING**
- **MEMORY**



Data Collection Criteria/Standards

- **Assessment Times:**
- **Admission FIM data must be collected during the first 3 calendar days of the patient's current rehabilitation hospitalization that is covered by Medicare Part A fee-for-service.**



Data Collection Criteria/Standards

- ***Discharge FIM*** data must be collected during the 3 calendar days prior to the discharge, including the discharge date.



Data Collection Criteria/Standards

- **Record the score that best describes the patient's level of function for every FIM item 39A through 39R.**



Data Collection Criteria/Standards

- Record the score that best describes the patient's level of function for the Function Modifiers (items #29 - #38).

- **For the items Transfer: Tub (item #33) and Transfer: Shower (item #34), record only 1 score.**
- **Leave the other Function Modifier blank.**



Data Collection Criteria/Standards

- **For the Function Modifiers (items #33 through #38), a code of “0” may be used on admission and discharge.**



Data Collection Criteria/Standards

- **The FIM score should reflect the patient's actual performance, not what the patient should be able to do, and not a simulation of the activity.**

Data Collection Criteria/Standards

- If differences in function occur in different environments or at different times of the day, record the *lowest (most dependent) score*.
- There may be a need to resolve the question of what is the most dependent score by discussion among team members.



Data Collection Criteria/Standards

- **When two or more helpers are required, score level 1-Total Assistance.**
- **Do not enter “N/A” for any item.**

Data Collection Criteria/Standards

- **Setup is uniformly rated at level 5 for all items.**
- **If the subject requires supervision, then (s)he is not independent.**



Data Collection Criteria/Standards

- **Performance during the 3 calendar day assessment is most important, however, for the Function Modifiers (items #30 and 32), Frequency of Accidents (Bladder and Bowel), a 7 day assessment period is needed. The admission assessment for these items would include the 4 days prior to the admission.**



Data Collection Criteria/Standards

- **The score should be based on the best information available with direct observation preferred.**
- **Other sources of reliable information:**
 - medical record**
 - patient-family-friends**
 - staff members**



Data Collection Criteria/Standards

- **The mode of locomotion for the item Walk/Wheelchair (39L) must be the same on admission and discharge. Some patients may change the mode of locomotion from admission to discharge, usually wheelchair to walking. Record the admission mode and score based on the more frequent mode of locomotion at discharge.**



Data Collection Criteria/Standards

- For the items Walk/Wheelchair, Comprehension and Expression, indicate the most frequent mode by placing the appropriate letter in the indicated box.
- *Do not place numbers in the boxes.*



Data Collection Criteria/Standards

- **A code of “0” means the patient does not perform the activity and the helper does not perform the activity for the patient.**



Data Collection Criteria/Standards

- Possible reasons why the patient may not perform the activity are:
- The clinician determines it is unsafe
- The patient cannot do so because of current medical status
- The patient refuses to do so.



Data Collection Criteria/Standards

- **Do not use a code of “0” if the clinician does not observe the patient performing the activity. In such cases, consult other clinicians, the patient’s medical record, the patient, and the patient’s family members to obtain information about the patient’s functional status.**



Data Collection Criteria/Standards

- For certain *FIM items*, a code of “0” may be used on admission to indicate that the activity *does not occur*.

Data Collection Criteria/Standards

- ***These 10 items are:***

- **Eating**

- **Grooming**

- **Bathing**

- **Dressing Upper Body**

- **Dressing Lower Body**

- **Transfers: Bed, Chair, Wheelchair**

- **Toileting**

- **Stairs**

- **Transfers: Toilet**

- **Walk/Wheelchair**



Data Collection Criteria/Standards

- If a *FIM activity* does not occur at the time of discharge, record a score of “1”- Total Assistance.



FIM™ Instrument

- **#39: There are 18 items in this section that are to be scored on admission and discharge using the scoring levels previously as follows:**

FIM[™] Levels

7 - Complete Independence (timely, safely)

6 - Modified Independence (device)

**No
Helper**

Modified Dependence

5 - Supervision (cuing, setup, coaxing)

4 - Minimal Assist (Subject = 75%+)

3 - Moderate Assist (Subject = 50% - 74%)

Helper

Complete Dependence

2 - Maximal Assist (Subject = 25% - 49%)

1 - Total Assist (Subject < 25%)



FIM™ Levels

- **0 - Activity Does Not Occur**; Use this code only at admission.
- If the patient does not perform the activity **at the time of discharge**, score “1”-Total Assistance.



Definitions/Criteria/Examples

- **EATING:**
- This item includes the use of suitable utensils to bring food to the mouth, chewing and swallowing, once the meal is presented in the customary manner on a table or tray.

Definitions/Criteria/Examples

- Assistance may be needed with:
- Picking up a utensil
- Using suitable utensils
- Scooping food onto a utensil
- Bringing food to the mouth
- Drinking from a cup or glass



Definitions/Criteria/Examples

- Assistance may be needed with:
- Chewing and swallowing
- Managing a variety of food consistencies
- Opening containers or cutting up food (setup)
- Application of orthotics/adaptive equipment (setup)



Definitions/Criteria/Examples

- **Eating must take into account the nutritional component of the patient:**
- **Tube Feeding Management:**
- **Enteral Nutrition**
- **Parenteral Nutrition**
- **The score may range from Level 1-6**
- **Consider the burden of care**



Definitions/Criteria/Examples

- ***Examples for Eating:***
- **Mrs. B. receives all of her nutrition through a gastrostomy tube (G-tube). She administers her own tube feedings, needing only occasional verbal cues from the helper.**
- ***The FIM level for Eating is:***



Definitions/Criteria/Examples

- ***Examples for Eating:***
- **Mr. D. tires easily and can manage to feed himself only two of his three meals through the day. The helper feeds him the third meal.**
- ***The FIM level for Eating:***

Definitions/Criteria/Examples

- **GROOMING:**
- **Grooming includes oral care, hair grooming (combing or brushing), washing hands, washing the face and either shaving the face or applying make-up.**



Definitions/Criteria/Examples

- If the patient neither shaves or applies make-up, Grooming would then include only the first 4 tasks:

- | | |
|-----------------|------------------|
| • Oral care | Washing the face |
| • Hair grooming | Washing hands |



Definitions/Criteria/Examples

- **Grooming does not include shampooing hair, flossing teeth, applying deodorant, or shaving legs.**
- **Washing the face and washing the hands includes rinsing and drying.**



Definitions/Criteria/Examples

- ***Examples for Grooming:***
- **Mr. T. washed his left hand after having a wash mitt applied to his right hand. The helper washed his right hand, his face, combed his hair, and brushed his teeth. He does not shave.**
- ***The FIM level for Grooming is:***



Definitions/Criteria/Examples

- ***Example for Grooming:***
- Miss J. washes and dries her face only. The helper washes and dries her hands, brushes her teeth and combs her hair. Miss J. does not apply make-up.
- ***The FIM level for Grooming is:***



Definitions/Criteria/Examples

- **BATHING:**
- **Bathing includes washing, rinsing and drying the body from the neck down (excluding the neck and back). Bathing may be a tub, shower or sponge/bed bath.**

Definitions/Criteria/Examples

- **Bathing:**
- **Determine the score by assessing the assistance needed to bathe the following areas:**
 - **left arm**
 - **chest**
 - **right arm**

Definitions/Criteria/Examples

- **Bathing:**
- **abdomen**
- **front perineal area**
- **back perineal area (buttocks)**
- **left upper leg**
- **right upper leg**

Definitions/Criteria/Examples

- ***Bathing:***
- **left lower leg, including the foot**
- **right lower leg, including the foot**



Definitions/Criteria/Examples

- ***Example for Bathing:***
- **Mrs. H. sits on a tub bench as she bathes each morning. She manages to wash, rinse and dry her chest and abdomen only. The helper bathes the rest of her body.**
- ***The FIM level for Bathing is:***



Definitions/Criteria/Examples

- ***Example for Bathing:***
- **Mr. S. washes, rinses and dries all of his body. The helper provides steady assistance as Mr. S. bathes his lower legs and feet.**
- ***The FIM level for Bathing is:***



Definitions/Criteria/Examples

- ***DRESSING-UPPER BODY:***
- This item includes dressing and undressing above the waist, as well as applying and removing a prosthesis or orthosis when applicable.
- Assess the steps that are performed.



Definitions/Criteria/Examples

- ***Assistance may be needed with:***
- **obtaining clothing (set-up)**
- **applying and removing a prosthesis or orthosis, when applicable (set-up)**
- **managing shirts, sweaters and/or bras**



Definitions/Criteria/Examples

- ***Example for Dressing-Upper Body:***
- **Mr. F. typically wears a pullover sweatshirt. The helper placed the shirt over his head and threaded both arms. Mr. F. then leaned forward so the helper could pull the shirt down over his trunk.**
- ***The FIM level for Dressing-Upper Body is:***



Definitions/Criteria/Examples

- ***Example for Dressing-Upper Body:***
- **Miss A. receives instructions from the helper as she dresses her upper body.**
- ***The FIM level for Dressing-Upper body is:***



Definitions/Criteria/Examples

- ***DRESSING-LOWER BODY:***
- This item includes dressing and undressing from the waist down, as well as applying and removing a prosthesis or orthosis when applicable.
- Assess the steps that are performed.

Definitions/Criteria/Examples

- *Assistance may be needed with:*
- obtaining clothing (set-up)
- applying and removing a prosthesis or orthosis when applicable (set-up)
- managing underwear, pants, skirts, belts, zippers and buttons
- managing stockings, shoes



Definitions/Criteria/Examples

- **Assistance with putting on anti-embolic stockings (compression stockings) is considered a set-up for a level 5.**



Definitions/Criteria/Examples

- ***Example for Dressing-Lower Body:***
- **Mr. J. wears underwear, sweat pants, anti-embolic stockings and shoes. After the helper applies the anti-embolic stockings, Mr. J. puts on his underwear, pants and shoes without assistance.**
- ***The FIM level for Dressing-Lower Body is:***



Definitions/Criteria/Examples

- ***Example of Dressing-Lower Body:***
- **Since his admission to the rehabilitation unit, Mr. P. refuses to dress himself or allow a helper to dress him.**
- ***The FIM level for Dressing-Lower Body is:***



Definitions/Criteria/Examples

- **TOILETING:**
- **This item includes maintaining perineal hygiene and adjusting clothing before and after using the toilet or bedpan.**



Definitions/Criteria/Examples

- ***Example for Toileting:***
- **Mr. G. cleansed himself and adjusted his clothing before and after using the toilet. He did these tasks independently, but held onto a grab bar to maintain his balance.**
- ***The FIM level for Toileting is:***



Definitions/Criteria/Examples

- ***Example for Toileting:***
- **Mrs. V. pulls her pants down and cleanses herself after voiding. The helper pulls her pants back up after toilet use.**
- ***The FIM level for Toileting is:***

Definitions/Criteria/Examples

- **SPHINCTER CONTROL:**
 - **Bladder Management:**
- Includes the complete and intentional control of urinary bladder, including the use of equipment/agents for control.



Definitions/Criteria/Examples

- ***Bladder and Bowel Management are scored in two parts:***
- **1-- Level of Assistance as noted in Section-Function Modifiers- #29 and # 31.**



Definitions/Criteria/Examples

- **2- Frequency of Accidents as noted in Section-Function Modifiers- #30 and # 32.**
- **Urinary accidents refers to the wetting of linen or clothing.**
- **FIM score is the lower of of the items.**



Definitions/Criteria/Examples

- **Function Modifier #29:Bladder Level of Assistance:**
- **Score using FIM levels 1-7 as defined in Section III: the FIM Instrument (in the manual)**
- **Score on admission and discharge**



Definitions/Criteria/Examples

- **Function Modifier #30:**
- **Bladder Frequency of Accidents:**
- **Score as:**
- **7-No accidents**
- **6-No accidents; uses device, such as a catheter**



Definitions/Criteria/Examples

- **5-one bladder accident in the past 7 days**
- **4-two bladder accidents in the past 7 days**
- **3-three bladder accidents in the past 7 days**



Definitions/Criteria/Examples

- **2-four bladder accidents in the past 7 days**
- **1-five or more bladder accidents in the past 7 days**
- **(0-do not use for bladder management)**



Definitions/Criteria/Examples

- ***Bladder Management:***
- **Score item 39G (Bladder) as the lower (more dependent) score of items #29 and #30.**



Definitions/Criteria/Examples

- ***Example for Bladder Management:***
- **Mrs. K. voids without the use of assistive devices, but she has had two accidents during the past week requiring assistance from nursing.**
- ***FIM level for Bladder Assistance is:***



Definitions/Criteria/Examples

- **FIM level for Bladder Accidents is:**
- **The lower score is:**
- **Therefore the FIM level for Bladder Management (39G) is:**



Definitions/Criteria/Examples

- ***Example for Bladder Management:***
- **During the day, Mr. W. uses the toilet when voiding. At night, he uses a urinal, which is emptied by a staff member. Mr. W. has had one accident in the past week.**
- ***FIM level for Bladder Assistance is:***



Definitions/Criteria/Examples

- **FIM level for Bladder Accidents is:**
- **The lower score is:**
- **Therefore the FIM level for Bladder Management (39G) is:**



Definitions/Criteria/Examples

- ***Bowel Management***
- **Includes the complete and intentional control of bowel movements, including the use of equipment/agents for control.**



Definitions/Criteria/Examples

- **Function Modifier #31: Bowel Level of Assistance:**
- **Score using FIM levels 1-7 as defined in Section III: the FIM Instrument (in the manual).**
- **Score on admission and discharge**



Definitions/Criteria/Examples

- **Function Modifier #32: Bowel Frequency of Accidents:**
- **Score as:**
- **7--No accidents**
- **6--No accidents; uses device such as an ostomy**



Definitions/Criteria/Examples

- **5--one bowel accident in the past 7 days**
- **4--two bowel accidents in the past 7 days**
- **3--three bowel accidents in the past 7 days**



Definitions/Criteria/Examples

- **2--four bowel accidents in the past 7 days**
- **1--five or more bowel accidents in the past 7 days**
- **(0-do not use for bowel management)**



Definitions/Criteria/Examples

- ***Bowel Management:***
- **Score item 39H (Bowel) as the lower (more dependent) score of items #31 and #32.**

Definitions/Criteria/Examples

- ***Example for Bowel Management:***
- **Mrs. E. inserts a suppository on a daily basis as her bowel regime. She transfers to the toilet to move her bowels. She has had no bowel accidents in the past 7 days.**
- ***FIM level for Bowel Assistance is:***

Definitions/Criteria/Examples

- **FIM level for Bowel Accidents is:**
- **The lower score is:**
- **Therefore the FIM level for Bowel Management (39H) is:**



Definitions/Criteria/Examples

- ***Example for Bowel Management:***
- **Mr. H. is not on a bowel program and is independent with bowel management. He has had 3 accidents in the past week. Nursing staff cleans up after each accident.**
- ***FIM level for Bowel Assistance is:***



Definitions/Criteria/Examples

- **FIM level for Bowel Frequency is:**
- **The lower score is:**
- **Therefore the FIM level for Bowel Management (39H) is:**



Definitions/Criteria/Examples

- **TRANSFERS:**
- **Transfers: Bed, Chair, Wheelchair:**
- **This item includes all aspects of transferring to and from a bed, chair and wheelchair, or coming to a standing position, if walking is the typical mode of locomotion.**



Definitions/Criteria/Examples

- During the bed-to-chair transfer, the subject begins and ends in the supine position.
- Helper levels:
 - Level 5-supervision or set-up
 - Level 4- touching, steadying or contact guard assistance

Definitions/Criteria/Examples

- **Level 3-lifting assistance-the subject performs more than half of the effort**
- **Level 2-lifting assistance-the subject performs less than half of the effort**



Definitions/Criteria/Examples

- **Level 1- Total Assistance, mechanical lift or two helpers**
- ***Lifting limbs:***
- **One limb only is Level 4**
- **Two limbs only is Level 3**



Definitions/Criteria/Examples

- ***Example for Transfers: Bed, Chair, Wheelchair:***
- **Mrs. Y. transfers into and out of bed with the helper providing verbal cues and supporting her right leg.**
- ***The FIM level for Transfers: Bed, Chair, Wheelchair is:***



Definitions/Criteria/Examples

- ***Example for Transfers: Bed, Chair, Wheelchair:***
- **Mrs. M. transfers from the bed to the wheelchair with steadying assistance from a helper in the morning. At the end of the day, she requires a moderate amount of lifting (Cont'd)**



Definitions/Criteria/Examples

- ***Cont'd.***
- **assistance to get from the wheelchair to bed secondary to fatigue.**

***The FIM level for Transfers: Bed, Chair,
Wheelchair is:***

Definitions/Criteria/Examples

- **Transfers: Toilet:**
- **Includes getting on and off a standard toilet.**



Definitions/Criteria/Examples

- ***Example for Transfers: Toilet:***
- **Mrs. N. transfers on and off a raised toilet seat with steadying assistance from a helper.**
- ***The FIM level for Transfers: Toilet is:***



Definitions/Criteria/Examples

- ***Example for Transfers: Toilet:***
- **Mrs. O. transfers to and from the toilet without help in the morning. Later in the day, she requires lifting assistance as she lowers herself onto the toilet. Overall, she performs more than half of the effort needed for the transfer.**
- ***The FIM level for Transfers: Toilet:***



Definitions/Criteria/Examples

- **Transfer Tub and Transfer Shower:**
- **This item measures two distinct activities.**



Definitions/Criteria/Examples

- **Transfers: Tub:**
- **This item includes getting into and out of a tub.**

- **It is item #33, the first of two Function Modifiers (#33 and #34) pertaining to the FIM item Transfers: Tub/Shower (#39K)**



Definitions/Criteria/Examples

- **Score according to FIM levels 1-7.**
- **If neither activity occurs, score Tub Transfer as “0” and leave Shower Transfer blank.**



Definitions/Criteria/Examples

- **Transfers: Shower:**
- Includes getting into and out of a shower.
- It is item #34, the second of two Function Modifiers (#33 and 34) pertaining to the FIM item Transfers: Tub/Shower
- Score the 2 Function Modifiers separately.



Definitions/Criteria/Examples

- **If the patient uses only one mode, record this score on the FIM™ instrument.**
- **Leave the other Function Modifier blank.**



Definitions/Criteria/Examples

- ***Example for Transfers: Tub or Shower:***
- **Mr. G. transferred onto the tub bench by himself, but required supervision for getting out of the tub because of the wet surface. He does not transfer into the shower because of the risk of injury.**



Definitions/Criteria/Examples

- The FIM level for Transfers: Tub is:
- The FIM level for Transfers: Shower is:
- The lower score between Tub and Shower is:
- Therefore the score for Transfers: Tub, Shower (#39 K) is:



Definitions/Criteria/Examples

- ***Example for Transfers: Tub or Shower:***
- **Miss S. takes a tub bath in the morning with steady assistance from the helper to get onto the tub bench. The helper provides assistance to her to get out of the tub by lifting both of Mrs. S.'s legs. Mrs. S. cannot stand in the shower.**



Definitions/Criteria/Examples

- The FIM level for Transfers: Tub is:
- The FIM level for Transfers: Shower is:
- The lower score for Tub or Shower is:
- Therefore the FIM level for Transfers: Tub or Shower (#39) is:

Definitions/Criteria/Examples

- ***Locomotion: Walk/Wheelchair:***
- **Includes walking, once in a standing position, or if using a wheelchair, once in a seated position, on a level surface. Indicate the more frequent mode of locomotion-walk or wheelchair.**



Definitions/Criteria/Examples

- **Assessment includes:**
- **Distance traveled (150 ft/50m; 50 ft/15m)**
- **Amount of assistance required**
- **Household Ambulation (exception)**
- **Mode of locomotion (walk or w/c) which must be the same on admission and discharge**



Definitions/Criteria/Examples

- **There are 2 Locomotion Function Modifiers #35 and #36.**
- **Score both on admission and discharge.**



Definitions/Criteria/Examples

- **Function Modifier #35: Distance Walked**
- **Score as:**
- **3----150 feet or greater**
- **2----50 to 149 feet**
- **1----less than 50 feet**
- **0----if activity does not occur**
- **Score on admission and discharge**



Definitions/Criteria/Examples

- **Function Modifier #36: Distance Traveled in Wheelchair:**
- **Score as:**
- **3----150 feet or greater**
- **2----50 to 149 feet**
- **1----less than 50 feet**
- **0----activity does not occur**



Definitions/Criteria/Examples

- **No Helper:**
- **Level 7- Complete Independence-150 feet/50 meters(minimum distance)**
- **Level 6- Modified Independence-150 feet/50 meters (minimum distance) with a device, or safety concerns**



Definitions/Criteria/Examples

- **No Helper:**
- **Level 5-Exception (Household Locomotion)-50 feet/15 meters.**
- **The patient walks only short distances independently with or without a device, the activity takes more than reasonable time or there is a safety concern.**



Definitions/Criteria/Examples

- **Helper:**
- **Level 5-150 feet/50 meters**
- **Level 4-150 feet/50 meters**
- **Level 3-150 feet/50 meters**
- **Level 2-50 feet/ 15 meters**
- **Level 1-less than 50 feet/ 15 meters
or two helpers**



Definitions/Criteria/Examples

- **On the FIM™ Instrument (Item #39), the mode of Locomotion (Walk/Wheelchair) must be the same on admission and discharge.**



Definitions/Criteria/Examples

- If the patient changes the mode of locomotion between admission and discharge (usually wheelchair to walking), record the admission mode and scores based on the more frequent mode of locomotion at discharge on the FIM™ instrument.



Definitions/Criteria/Examples

<u>Admission</u>	<u>Discharge*</u>	<u>Mode</u>
Walk	Walk	Walk
Wheelchair	Wheelchair	Wheelchair
Wheelchair	Walk	Walk

***Most frequent mode at discharge**



Definitions/Criteria/Examples

- **Indicate the more frequent mode of locomotion (Walk/Wheelchair) in the box to the right of the score.**
- **If both are used about equally, code "B" for "Both".**



Definitions/Criteria/Examples

- **Function Modifier #37 Walk:**
- **Score using FIM levels 1- 7; “0” activity does not occur**
- **Score #37 on admission and discharge**



Definitions/Criteria/Examples

- **Function Modifier #38: Wheelchair**
- **Score using FIM levels 1- 7; 0 if activity does not occur**
- **Score #38 on admission and discharge**



Definitions/Criteria/Examples

- **Score item #39L (Walk/Wheelchair) as the lower (more dependent) score of items #37 and #38 based on the more frequent mode of locomotion at discharge.**



Definitions/Criteria/Examples

- ***Example of Locomotion:***
- **In therapy, Daphne walks more than 150 feet with a quad cane and steadying assistance from a helper. The nursing staff report that Daphne ambulates 100 feet with the quad cane and steadying assistance. Daphne does not use a wheelchair.**



Definitions/Criteria/Examples

- ***The Function Modifier for:***
- **#37 is:**
- **#38 is:**
- ***The FIM score for #39L is:***



Definitions/Criteria/Examples

- ***Example of Locomotion:***
- **George wheels his wheelchair more than 150 feet. He does not ambulate.**



Definitions/Criteria/Examples

- **The Function Modifier for:**
- **#37 is:**
- **#38 is:**
- ***The FIM score for #39L is:***



Definitions/Criteria/Examples

- **Locomotion: Stairs:**
- Includes going up and down 12 to 14 stairs (one flight) indoors.
- Assessment includes:
 - **Number of stairs** (12 to 14; 4 to 6)
 - Amount of assistance required
 - Household Stair Climbing (Exception)



Definitions/Criteria/Examples

- **Locomotion: Stairs:**
- **No Helper:**
- **Level 7-- 12 to 14 stairs**
- **Level 6-- 12 to 14 stairs with a device**
- **Level 5-- 4-6 stairs (independently)**



Definitions/Criteria/Examples

- **Helper:**
- **Level 5- 12 to 14 stairs**
- **Level 4- 12 to 14 stairs**
- **Level 3- 12 to 14 stairs**
- **Level 2- 4-6 stairs**
- **Level 1- less than 4 to 6 stairs or two helpers or uses a stair lift**



Definitions/Criteria/Examples

- ***Example of Stairs:***
- **Mrs. T. ascends and descends four stairs with touching assistance from two helpers.**
- ***The FIM level for Locomotion: Stairs is:***



Definitions/Criteria/Examples

- ***Example of Stairs:***
- **Stair climbing for Miss J. was not attempted on admission because of risk of injury.**
- ***The FIM level for Locomotion: Stairs is:***



Definitions/Criteria/Examples

- **COMMUNICATION:**
- **Communication/Cognition:**
Performance is scored over multiple shifts and includes all environments.

Definitions/Criteria/Examples

- **Communication takes into consideration:**
- **Complex/Abstract Information**
- **Basic Information**



Definitions/Criteria/Examples

- **Complex/Abstract Information may include but is not limited to discussion or topics, such as:**
 - **Current events**
 - **Humor**
 - **Religion**
 - **Finances**



Definitions/Criteria/Examples

- **Discharge Planning**
- **Participating in and understanding information during group conversation**
- **Relationships**



Definitions/Criteria/Examples

- **Basic Information** may include such areas as:
 - **Nutrition**
 - **Fluids**
 - **Elimination**
 - **Hygiene**
 - **Sleep**



Definitions/Criteria/Examples

- **Comprehension:**
- **Includes understanding of either auditory or visual communication (e.g., writing, sign language, gestures).**
- **The patient understands in his usual language (not necessarily English).**
- **Evaluate and indicate the most frequent mode of Comprehension (“Auditory” or “Visual”).**



Definitions/Criteria/Examples

- **Level 5-Supervision:**
- **Patient requires prompting no more than 10% of the time.**

- **Level 4-Minimal Assistance:**
- **75%-90%**



Definitions/Criteria/Examples

- ***Example for Comprehension:***
- **Mr. R consistently understands questions that the staff asked him about routine everyday matters, such as , meals and pain medication. He watches television programs but is unable to follow abstract information such as, the plot of a movie, current events, or humor.**
- ***The FIM level for Comprehension is:***



Definitions/Criteria/Examples

- ***Example for Comprehension:***
- Miss B. identifies her food preferences, pain status, toileting needs and fatigue level after questioning from the staff, with cuing about 60% of the time.
- ***The FIM level for Comprehension is:***



Definitions/Criteria/Examples

- **Expression:**
- **Includes clear vocal or non-vocal expression of language. This item includes either intelligible speech or clear expression of language, using writing or a communication device.**

Definitions/Criteria/Examples

- Evaluate and indicate the most frequent mode of Expression (“Vocal” or “Non-vocal”).
- The patient expresses complex or basic ideas clearly and fluently (not necessarily in English).



Definitions/Criteria/Examples

- ***Example of Expression:***
- **Mr. A. expresses his daily basic needs by verbalizing only single words, such as, “pain” and “food” and “drink.” The therapist must ask 5 or 6 questions in order to understand his message.**
- ***The FIM level for Expression is:***



Definitions/Criteria/Examples

- ***Example of Expression:***
- **Mr. D. gives correct responses to basic questions over 90% of the time with occasional prompting from a helper.**
- ***The FIM level for Expression is:***



Definitions/Criteria/Examples

- ***Social Interaction:***
- **Includes skills related to getting along and participating with others in therapeutic and social situations. It represents how one deals with one's own needs together with the needs of others.**



Definitions/Criteria/Examples

- **Medications as interventions are scored level “6”.**
- **Performance is scored over multiple shifts and in all environments.**

Definitions/Criteria/Examples

- **Redirection may be related to:**
 - **Participation**
 - **Cooperation**
 - **Inappropriate behaviors**



Definitions/Criteria/Examples

- ***Examples of inappropriate behaviors are:***
- **Temper tantrums**
- **Loud or foul or abusive language**
- **Excessive laughing or crying**
- **Very withdrawn or non-interactive behavior**



Definitions/Criteria/Examples

- ***Examples of Social Interaction:***
- **Mr. S. is often uncooperative with staff during therapy, refusing to participate at times. He needs frequent verbal redirection for his behavior, but does not require a restraint. He interacts appropriately just less than half of the time.**
- ***The FIM level for Social Interaction is:***



Definitions/Criteria/Examples

- ***Example of Social Interaction:***
- **Mrs. H. interacts appropriately with staff and family members. She has a history of depression and takes an antidepressant on a daily basis.**
- ***The FIM level for Social Interaction is:***



Definitions/Criteria/Examples

- ***Problem Solving:***
- **Includes skills related to solving problems of daily living. This includes making reasonable, safe and timely decisions regarding financial, social and personal affairs.**



Definitions/Criteria/Examples

- **It includes initiating, sequencing and self-correcting tasks and activities to solve problems.**



Definitions/Criteria/Examples

- **Complex problem solving includes activities such as:**
 - **Managing a checking account**
 - **Participating in discharge plans**
 - **Self-administration of medications**

Definitions/Criteria/Examples

- **Confronting personal problems**
- **Making employment decisions**

Definitions/Criteria/Examples

- ***Routine problems include:***
- **The completion of daily tasks**
- **Dealing with unplanned events or hazards that occur during daily activities**

Definitions/Criteria/Examples

- ***Redirection may be needed with:***
- **Recognizing a problem**
- **Making appropriate decisions**
- **Initiating steps and readjusting to changing circumstances**

Definitions/Criteria/Examples

- **Carrying out a sequence of steps**
- **Evaluating the results**



Definitions/Criteria/Examples

- ***Example of Problem Solving:***
- **Mrs. Z. recognizes problems that arise while doing her daily activities. She has difficulty finding solutions to the problems about 20% of the time and must receive cuing from the staff.**
- ***The FIM level for Problem Solving is:***



Definitions/Criteria/Examples

- ***Example of Problem Solving:***
- **Miss T. recognizes and solves routine problems such as appropriately asking for a sweater when she is cold and asking for assistance to get out of bed. She is unable to deal with complex issues such as current events.**
- ***The FIM level for Problem Solving is:***



Definitions/Criteria/Examples

- **Memory:**
- **Includes the skills related to recognizing and remembering while performing daily activities in an institutional or community setting.**

Definitions/Criteria/Examples

- **Memory in this context includes the ability to store and retrieve information, particularly verbal and visual.**

Definitions/Criteria/Examples

- **The functional evidence of memory includes recognizing people frequently encountered, remembering daily routines, and executing requests without being reminded.**
- **A deficit in memory impairs learning as well as performance of tasks.**



Definitions/Criteria/Examples

- ***Prompting may be needed with:***
- **Recognizing people frequently encountered**
- **Remembering daily routines**
- **Executing requests without repetition**



Definitions/Criteria/Examples

- ***Example of Memory:***
- Miss F. has difficulty remembering her daily routine and recognizing her nurses and therapists. She requires prompting 25% of the time.
- ***The FIM level for Memory is:***

Definitions/Criteria/Examples

- ***Example of Memory:***
- **Mr. G. recognizes the therapists who treat him, but cannot recall their names. He has some difficulty listing his daily activities to the staff. He responds to requests appropriately, but needs repetition if the request involves more than two activities or thoughts. (cont'd)**



Definitions/Criteria/Examples

- (cont'd)
- Overall, he recognizes and remembers routine things just over half of the time.
- *The FIM level for Memory is:*



Examples

- **Following are examples of the 18 FIM items for your review:**



FIM Scoring Example - Eating

Miss M. eats 80% of her meals without help. She does not drink fluids and receives a supplemental tube feeding once daily for hydration which is administered by a helper.

The FIM score for Eating is:



FIM Scoring Example - Eating

- **Score: 1 Total Assistance**



FIM Scoring Example - Grooming

Mr. S. brushes his teeth and washes and shaves his face. He tires easily and the helper washes his hands and combs his hair.

The FIM score for grooming is:



FIM Scoring Example - Grooming

- **Score: 3 Moderate Assistance**



FIM Scoring Example - Bathing

Miss S. bathes in bed using a hand mitt. She has difficulty moving about and thus is unable to complete her bathing herself. She washes her arms, chest and abdomen. The helper completes the remainder of the bath.

The FIM score for Bathing is:



FIM Scoring Example - Bathing

- **Score: 2 Maximal Assistance**



FIM Scoring Example - Dressing: Upper Body

Miss N. manages to thread her bra straps and fasten the bra. She puts on and fastens her blouse.

The FIM score for Dressing-Upper Body is:



FIM Scoring Example - Dressing: Upper Body

- **Score: 7 Complete Independence**



FIM Scoring Example - Dressing: Lower Body

Mr. J. wears pants, shoes and socks. Mr. J. puts on his pants, socks and shoes. (He doesn't wear underwear). The helper provides assistance with the zipper.

The FIM score for Dressing-Lower Body is:



FIM Scoring Example - Dressing: Lower Body

- **Score: 4 Minimal Assistance**



FIM Scoring Example - Toileting

Miss C. cannot get into the bathroom, so she uses the bedpan. She cleanses herself after voiding, but requires assistance to get on and off the bedpan. She manages her own clothing.

The FIM score for Toileting is:



FIM Scoring Example - Toileting

- **Score: 7 Complete Independence**



FIM Scoring Example - Bladder Management

Mr. G. is on an intermittent catheterization program every 4 hours. He manages to complete this task approximately half of the time. When he fatigues, nursing staff performs the task. He has difficulty handling the equipment and spills urine on a daily basis.

The score for Function Modifier #29 is:

The score for Function Modifier #30 is:

The FIM score for Bladder Management is:



FIM Scoring Example - Bladder Management

- **Score for Function Modifier #29 is: 3**
- **Score for Function Modifier #30 is: 1**
- **Score for FIM item #39G Bladder Management is: 1 Total Assistance**



FIM Scoring Example - Bowel Management

Mr. T. manages his colostomy with assistance from nursing staff. Nursing provides about 60% of the effort. Mr. T. has had 2 accidents in the past week.

The score for Function Modifier #31 is:

The score for Function Modifier #32 is:

The FIM score for Bowel Management #39H is:



FIM Scoring Example - Bowel Management

- **Score for Function Modifier #31 is: 2**
- **Score for Function Modifier #32 is: 4**
- **Score for FIM item #39H Bowel Management is: 2 Maximal Assistance**



FIM Scoring Example - Transfers: Bed/Chair/Wheelchair

Miss A. uses a transfer board when transferring from bed to wheelchair. She has no difficulty in the morning when she is rested, but requires assistance from a helper as the day progresses secondary to fatigue. The helper provides more than half of the effort.

***The FIM score for Transfers: Bed, Chair,
Wheelchair is:***



FIM Scoring Example - Transfers: Bed/Chair/Wheelchair

- **Score: 2 Maximal Assistance**



FIM Scoring Example - Transfers: Toilet

Mr. W. has no difficulty transferring onto the toilet from his wheelchair. He does however, need assistance to return to his wheelchair from the toilet. The helper provides lifting assistance and performs more than half of the effort.

The FIM score for Transfers: Toilet is:



FIM Scoring Example - Transfers: Toilet

- **Score: 2 Maximal assistance**



FIM Scoring Example - Transfers: Tub or Shower

Mr. M. transfers onto the tub bench without help using a sliding board and a grab bar. When getting out of the tub, he requires lifting assistance with the helper providing 60% of the effort. Mr. M. does not use a shower.

The score for Function Modifier #33 is:

The score for Function Modifier #34 is

The FIM score for Transfers: Tub or Shower is:



FIM Scoring Example - Transfers: Tub or Shower

Score for Function Modifier #33 is: 2

Score for Function Modifier #34 is: blank

**Score for FIM item #39K Transfers Tub is:
2 Maximal Assistance**



FIM Scoring Example - Locomotion: Walk/Wheelchair

Mr. F. walks 150 feet (50 meters) wearing an AFO on his right leg. He does not use a wheelchair.

The code for Function Modifier #35 is:

The code for Function Modifier #36 is:

The score for Function Modifier #37 is:

The score for Function Modifier #38 is:

The FIM score for Walk/Wheelchair is:



FIM Scoring Example - Locomotion: Walk/Wheelchair

- **Score for Function Modifier #35 is: 3**
- **Score for Function Modifier #36 is: 0**

- **Score for Function Modifier #37 is: 6**
- **Score for Function Modifier #38 is: 0**
- **Score for FIM item #39L is: 6**
Modified Independence



FIM Scoring Example - Locomotion: Stairs

**Miss E. climbs 14 stairs with the helper providing steady assistance.
Descending the stairs requires maximal assistance from the helper.**

The FIM score for Locomotion: Stairs is:



FIM Scoring Example - Locomotion: Stairs

- **Score: 2 Maximal Assistance**



FIM Scoring Example - Comprehension

Miss Y. understands basic directions and conversations about 80% of the time. The remainder of the time she has great difficulty understanding simple, commonly used words.

The FIM score for Comprehension is:



FIM Scoring Example - Comprehension

- **Score: 4 Minimal Assistance**



FIM Scoring Example - Expression

Mr. B. understands complex ideas, but expresses his thoughts using only single words. He requires prompting more than 50% of the time to express his basic needs.

The FIM score for Expression is:



FIM Scoring Example - Expression

- **Score: 2 Maximal Assistance**



FIM Scoring Example - Social Interaction

Mary spends her free time in her room. She interacts appropriately with staff, family members and patients whenever she is with them.

The FIM score for Social Interaction is:

FIM Scoring Example - Social Interaction

- **Score: 7 Complete Independence**



FIM Scoring Example - Problem Solving

Mr. C. requires a restraint for safety while seated in his wheelchair. He requires directions on a constant basis to perform routine tasks. For example, Mr.C. continues to eat using his fingers even though utensils and instruction are provided.

The FIM score for Problem Solving is:



FIM Scoring Example - Problem Solving

- **Score: 1 Total Assistance**



FIM Scoring Example - Memory

Miss P. recognizes and remembers staff more than half of the time. She remembers the sequence of instructions more often than not, but does receive prompting about 40% of the time.

The FIM score for Memory is:



FIM Scoring Example - Memory

- **Score: 3 Moderate Assistance**



DISCHARGE INFORMATION

- ***#40 Discharge Date:***
- **Enter the date of discharge from the rehabilitation unit or hospital based on the following guidelines:**



DISCHARGE INFORMATION

- **1) The patient is formally released**
OR
- **2) The patient stops receiving Medicare Part A inpatient rehabilitation services**
OR
- **3) The patient dies in the rehabilitation facility**



DISCHARGE INFORMATION

- The discharge indicates that the patient has left the rehabilitation service-----not that (s)he is no longer receiving therapy.
- Code using the MM/DD/YYYY format



DISCHARGE INFORMATION

- ***#41: Patient discharge against medical advice:***
- **If the patient has left the rehabilitation unit against medical advise, code as:**
- **“0”=No, “1”=Yes**



DISCHARGE INFORMATION

- **#42: Program Interruptions:**
- **A program interruption is defined as:**
- **A Medicare patient is discharged from the inpatient rehabilitation facility and returns to the same inpatient rehabilitation facility within 3 consecutive calendar days.**



DISCHARGE INFORMATION

- **The first day of the interrupted stay is counted as day 1 with midnight serving as the end of day 1.**
- **The 2 calendar days that follow would serve as days 2 and 3.**



DISCHARGE INFORMATION

- **If the patient returns to the unit by midnight of day 3, the patient would be determined to have had a program interruption.**

- **If the patient leaves for greater than 3 days, start a new record.**

DISCHARGE INFORMATION

- **#42: Code as:**
-
- **“0”=No, there was no program interruption**
- **“1”=Yes, there was one or more program interruptions**



DISCHARGE INFORMATION

- **#43 Program Interruption Dates:**
- **Score only if the answer to #42 is Yes.**
- **Enter the Interruption and return dates in the form MM/DD/YYYY for each interruption.**

DISCHARGE INFORMATION

- **The interruption date is defined as the day when the interruption began, i.e., the day the patient left the facility.**
- **The return date is defined as the day when the interruption ended, i.e., the day the patient returns to the facility.**



DISCHARGE INFORMATION

- **If an interruption occurs, the following assessment dates may change:**
 - **Assessment reference date**
 - **Completion date**
 - **Encoding date**
 - **Transmission date**



DISCHARGE INFORMATION

- **#44A Discharge to Living Setting:**
- **Enter the setting to which the patient is discharged, using the definitions in the manual for each of the following destinations:**
 - **01-Home**
 - **02-Board and Care**
 - **03-Transitional Living**
 - **04-Intermediate Care(nursing home)**



DISCHARGE INFORMATION

- **05-Skilled Nursing Facility**
- **06-Acute Unit of Own Facility**
- **07-Acute Unit of Another Facility**
- **08-Chronic Hospital**
- **09-Rehabilitation Facility**
- **10-Other**



DISCHARGE INFORMATION

- **11-Died**
- **12-Alternate Level of Care**
- **13-Subacute Setting**
- **14-Assisted Living Residence**



DISCHARGE INFORMATION

- **Code Discharge to Living Setting using the numbers associated with the list just identified.**



DISCHARGE INFORMATION

- ***#44 B 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.**



DISCHARGE INFORMATION

- **#45 Discharge to Living With:**
- Complete this item only if the patient was discharged to home (coded as “01”)
- Code using the following:
 - 1-Alone
 - 2-Family/Relatives
 - 3-Friends
 - 4-Attendant
 - 5-Other



DISCHARGE INFORMATION

- **#46: Discharge for Interruption or Death:**
- **Score using the ICD-9-CM code that indicates the reason for the program interruption or death (i.e., acute myocardial infarction, acute pulmonary embolus, sepsis, etc.).**



DISCHARGE INFORMATION

- ***#47 Complications during rehabilitation stay:***
- **Use ICD-9 Codes to specify up to 6 conditions that began during this rehabilitation stay.**
- **Code up to six conditions using the spaces A-F as indicated.**



Quality Indicators

- Items #48-54 identify specific conditions or the status of the patient and may be identified by definition and coding criteria in the manual in Section IV: Medical Needs/Quality Indicators.
- *CMS has identified that completion of the items 48-54 is voluntary.*



Assigning Assessment Dates

- **ADMISSION DATE:**
- **Admission assessment period: 7/3/01-7/5/01**
- **Assessment reference date: 7/5/01**
- **Completion date: 7/6/01**
- **Record must be encoded by 7/12/01**



Assigning Assessment Dates

- **DISCHARGE ASSESSMENT DATE:**
- Discharge date is : 7/16/01
- Assessment reference date: 7/16/01
- Completion date: 7/20/01
- Record must be encoded by: 7/26/01
- Assessment Instrument must be transmitted by 8/01/01

Assigning Assessment Dates

- **PROGRAM INTERRUPTION:**
- **Assessment date: 7/3/01**
- **Interruption transfer date: 7/4/01**
- **Return from Interruption: 7/6/01**
- **Observation period: 7/6/01-7/8/01**



Assigning Assessment Dates

- **Assessment reference date: 7/8/01**
- **Completion date: 7/9/01**
- **Record must be encoded by: 7/15/01**

Assigning Assessment Dates

- **DEFINITIONS:**
- **COMPLETION DATE:**
- **Day 4 of the admission (the day after the assessment reference date)**



Assigning Assessment Dates

- **ENCODING DATE:**
- The date that the data items are entered into the fields of the computerized patient assessment software program.



Assigning Assessment Dates

- **TRANSMISSION DATE:**
- The date the encoded data is sent to CMS after the patient is discharged from the facility and the discharge assessment is completed.



CASE STUDY

CASE STUDY PRESENTATION AND ANSWERS:

Case Study

- Case Study # A1:
- Miss L. is a 78-year old female who fell while shopping and fractured her hip. She was admitted on August 27th to a suburban hospital where she underwent a left bipolar hemiarthroplasty. Five days later, she was transferred to a rehabilitation facility to receive therapy prior to going home alone.



CASE STUDY

- **Functional assessment on *admission* to rehabilitation is as follows:**
- ***Eating:***
- **Miss L. eats her meals independently in the patient dining room. No assistive devices are required.**
- ***The FIM score for Eating is:***

CASE STUDY

- **Score : 7 Complete Independence**



CASE STUDY

- ***Grooming:***
- Miss L. organizes her grooming items, combs her hair, turns on the water, brushes her teeth, and washes her face and her hands by herself. She does not wear any make-up, and no assistive devices are needed.
- ***The FIM score for Grooming is:***

CASE STUDY

- **Score: 7 Complete Independence**



CASE STUDY

- ***Bathing:***
- **The nurse brings Miss L. a chair to sit on while showering. Miss L. is allowed only partial weight-bearing on her left leg and has difficulty maintaining this restriction. She uses a long-handled sponge to wash her feet and back. She requires a helper to dry her feet.**
- ***The FIM score for Bathing is:***

CASE STUDY

- **Score: 4 Minimal Assistance**



CASE STUDY

- ***Dressing-Upper Body:***
- **The occupational therapist brings Miss L. her clothing from the closet. Miss L. puts on her bra and sweatshirt without assistance.**
- ***The FIM score for Dressing-Upper Body is:***



CASE STUDY

- **Score: 5 Supervision/Setup**

CASE STUDY

- ***Dressing-Lower Body:***
- Miss L. puts on her right sock and left sock using a sock aid. She takes a bit of time, but can manage putting on her underpants and sweatpants using a dressing stick. She can put her feet into her sneakers, but needs some help tying the left sneaker so that she adheres to total hip precautions.
- ***The FIM score for Dressing-Lower Body is:***



CASE STUDY

- **Score: 4 Minimal Assistance**



CASE STUDY

- ***Toileting:***
- **Miss L. cleanses herself and adjusts her own clothing before and after using the toilet. A nurse supervises during toilet activities.**
- ***The FIM score for Toileting is:***



CASE STUDY

- **Score: 5 Supervision**

CASE STUDY

- ***Bladder and Bowel Management:***
- **Miss L. manages both bowel and bladder functions. She is never incontinent (no accidents), and she takes a stool softener every day.**

CASE STUDY

- The Function Modifier #29 score is: 7
- The Function Modifier #30 score is: 7
- The FIM score for Bladder Management (#39G) is: 7 Complete Independence

- The Function Modifier #31 score is: 6
- The Function Modifier #32 score is: 7
- The FIM score for Bowel Management (#39H) is: 6 Modified Independence

CASE STUDY

- ***Transfers: Bed, Chair, Wheelchair:***
- **Miss L. transfers out of bed with cuing to observe total hip precautions. She requires hands-on help to get her leg onto the bed when returning to bed.**
- ***The FIM score for Transfers: Bed, Chair, Wheelchair is:***

CASE STUDY

- **Score: 4 Minimal Assistance**

CASE STUDY

- ***Transfers: Toilet:***
- **Once in the bathroom, Miss L. backs up to the toilet and sits down independently. She gets up in the same manner. She uses a raised toilet seat and grab bars.**
- ***The FIM score for Transfers: Toilet is:***

CASE STUDY

- **Score: 6 Modified Independence**

CASE STUDY

- *Transfers: Tub or Shower:*
- Miss L. uses a tub bench in the bathtub. The occupational therapist provides some cuing, but then Miss L. transfers onto the bench without further help. She manages to transfer off the tub bench with cuing only. She does not use a shower.

CASE STUDY

- **The Function Modifier #33 score is: 5**
- **The Function Modifier #34 score is:
blank**
- **The FIM score for Tub (#39K) is: 5**

CASE STUDY

- ***Locomotion Walk/Wheelchair:***
- **Miss L. ambulates with a walker and supervision from a helper. She tires after 100 feet and must sit down. Miss L. wheels herself in a wheelchair to the patient dining room, about 300 feet. The physical therapist expects her to walk with a walker by discharge.**

CASE STUDY

- **The Function Modifier #35 score is: 2**
- **The Function Modifier #36 score is: 3**
- **The Function Modifier #37 score is: 2**
- **The Function Modifier #38 score is: 6**

- **The FIM score for Locomotion:
Walk/Wheelchair (#39L) is: 2 Maximal
Assistance**



CASE STUDY

- ***Locomotion: Stairs:***
- **Miss L. walks up and down six stairs with supervision and occasional cues.**
- ***The FIM score for Locomotion: Stairs is:***

CASE STUDY

- **Score: 2 Maximal Assistance**



CASE STUDY

- *Comprehension:*
- Miss L. understands complex and abstract information; however, staff must repeat words and sentences for her just over 50% of the time in order for her to comprehend what is being said.
- *The FIM score for Comprehension is:*

CASE STUDY

- **Score: 2 Maximal Assistance**

CASE STUDY

- ***Expression:***
- **Miss L. expresses her basic needs to staff; however, on occasion the staff must ask her to stop and repeat information and parts of sentences because of her slurred speech and her substitution of wrong words. She does not recognize her errors.**

CASE STUDY

- **Staff must provide prompting just less than half of the time in order for Miss L. to use the correct words and to correct her errors.**

CASE STUDY

- **Score: 3 Moderate Assistance**



CASE STUDY

- ***Social Interaction:***
- **Miss L. is withdrawn and requires encouragement to participate in activities. Staff provides encouragement three-fourths of the time.**
- ***The FIM score for Social Interaction is:***

CASE STUDY

- **Score: 2 Maximal Assistance**



CASE STUDY

- ***Problem Solving:***
- Miss L. recognizes and solves simple problems that occur during her self-care routine less than half of the time.
- ***The FIM score for Problem Solving is:***

CASE STUDY

- **Score: 2 Maximal Assistance**

CASE STUDY

- Memory:
- Miss L. has difficulty remembering the therapy and nursing staff. She has a memory book, but requires prompting to use it. She has difficulty 25% of the time.
- The FIM score for Memory is:

CASE STUDY

- **Score: 4 Minimal Assistance**



CASE STUDY

CASE STUDY PRESENTATION AND ANSWERS

CASE STUDY

- **Case Study #2:**
- **Miss W. is a 75 year old female who lives in a retirement apartment and recently had a stroke which left her with left hemiparesis, severe left shoulder pain and visual neglect. Functional assessment on admission to rehabilitation is as follows:**



CASE STUDY

- **Eating:**
- **After setup, Miss W. needs reminders from a helper to scan her tray and use her napkin. She receives assistance with feeding less than half of the time.**
- ***The FIM level for Eating is:***

CASE STUDY

- **Score is: 3 Moderate Assistance**



CASE STUDY

- **Grooming:**
- **Miss W. combs her hair and brushes her teeth at the sink. The helper washes her face and hands. She does not wear make-up.**
- ***The FIM level for Grooming is:***

CASE STUDY

- **Score is: 3 Moderate Assistance**



CASE STUDY

- **Bathing:**
- **Miss W. bathes at the sink. She bathes her chest, abdomen, left arm, upper and lower legs and her perineal area. The helper washes Miss W.'s right arm and buttocks.**
- ***The FIM level for Bathing is:***

CASE STUDY

- **Score is: 4 Minimal Assistance**



CASE STUDY

- Dressing-Upper Body:
- Miss W. gathers her clothing each evening for the next day. She does not wear a bra. When donning her shirt, she requires assistance in placing her right arm in the sleeve. She then threads the left sleeve. The helper pulls the shirt over her head and Miss W. then pulls the shirt over her trunk.
- *The FIM level for Dressing Upper Body is:*

CASE STUDY

- **Score is: 3 Moderate Assistance**



CASE STUDY

- Dressing-Lower Body:
- The nurse provides minimal assistance as Miss W. puts on her pants, underwear, socks and right shoe. The helper puts on her left shoe.
- *The FIM level for Dressing Lower Body is:*

CASE STUDY

- **Score is: 4 Minimal Assistance**

CASE STUDY

- **Toileting:**
- **Miss W. adjusts her clothes before and after using the toilet, and cleanses herself. A helper supervises her during toilet tasks.**
- ***The FIM level for Toileting is:***



CASE STUDY

- **Score is: 5 Supervision**



CASE STUDY

- **Bladder Management:**
- **Miss W. notifies a nurse when she needs to go to the bathroom, since the nurse provides assistance with transfers and locomotion. After Miss W. voids, the nurse is again called to provide assistance with transfers and locomotion. She has no accidents and does not use any equipment or agents.**
- ***The FIM level for Bladder Management is:***

CASE STUDY

- **Score is: 7 Complete Independence**



CASE STUDY

- **Bowel Management:**
- **Miss W. handles bowel management by herself. She has no accidents and takes a stool softener every day.**
- ***The FIM level for Bowel Management is:***

CASE STUDY

- **Score is: 6 Modified Independence**

CASE STUDY

- **Transfers: Bed, Chair, Wheelchair:**
- **When Miss W. gets up out of bed in the morning, she moves from a supine to a sitting position and then to a standing position by herself. She requires steadying assistance as she pivots. Miss W. then lowers herself into the wheelchair. She returns to bed with the same level of assistance.**
- ***The FIM level for Transfers: Bed, Chair, Wheelchair is:***

CASE STUDY

- **Score is: 4 Minimal Assistance**



CASE STUDY

- **Transfers: Toilet:**
- **Miss W. propels her wheelchair to the bathroom with cues to maneuver through the doorway. Once in front of the toilet, she stands up by herself. The helper then provides contact assistance as she pivots and lowers herself onto the toilet.**
- ***The FIM level for Transfers: Toilet is:***



CASE STUDY

Score is: 4 Minimal Assistance



CASE STUDY

- **Transfers: Tub or Shower:**
- **Miss W. requires assistance to position wheelchair next to the tub. She stands up by herself, but requires contact assistance as she pivots and lowers herself onto the tub bench. The helper then lifts both legs into the tub. *(Cont'd)***



CASE STUDY

- **Transfers: Tub or Shower (Cont'd.)**
- **The same level of assistance is required for the transfer back into the wheelchair. Miss W. does not use the shower.**
- ***The FIM level for Transfers: Tub or Shower is:***



CASE STUDY

- **Score for Transfer: Tub is: 3
Moderate Assistance**
- **Transfer Shower is: blank**



CAE STUDY

- **Locomotion: Walk/ Wheelchair:**
- **Miss W. propels her wheelchair 50 feet with cues to scan to her left. She walks 50 feet with a quad cane and steadying assistance from a helper. The physical therapist expects her to walk at discharge.**
- **The FIM level for Locomotion: Walk/ Wheelchair is:**

CASE STUDY

- **Score is: 2 Maximal Assistance**



CASE STUDY

- **Locomotion: Stairs:**
- **Miss W. goes up and down four stairs with steadying assistance of one helper.**
- ***The FIM level for Locomotion: Stairs is:***

CASE STUDY

- **Score is: 2 Maximal Assistance**



CASE STUDY

- **Comprehension:**
- **Miss W. has no difficulty understanding conversations and directions about daily activities, but cannot understand complex issues, such as bills, insurance issues and follow-up treatments.**
- ***The FIM level for Comprehension is:***



CASE STUDY

- **Score is: 5 Supervision/Standby Prompting**

CASE STUDY

- **Expression:**
- **She expresses simple daily needs such as being thirsty, hungry, cold and in pain without difficulty. She does not express more complicated information, such as current events or discharge planning.**
- ***The FIM level for Expression is:***



CASE STUDY

- **Score is: 5 Supervision/Standby Prompting**

CASE STUDY

- **Social Interaction:**
- **Miss W. cooperates with her therapists. She eats all meals with other patients in the dining room, and participates in evening activities with other patients, for example when movies are shown. She does not have any inappropriate behaviors.**
- ***The FIM level for Social Interaction is:***

CASE STUDY

- **Score is:7 Complete Independence**



CASE STUDY

- **Problem Solving:**
- **Miss W. always requests assistance when needed, such as calling for help when she needs to go to the bathroom, or alerting a nurse when she has dropped her comb. She does, however, receive prompting 25% of the time to accomplish these tasks.**
- ***The FIM level for Problem Solving is:***

CASE STUDY

- **Score is: 4 Minimal Assistance**



CASE STUDY

- **Memory:**
- **Miss W. follows her daily schedule: however, when changes are made to her schedule and her treatment staff is changed (an unfamiliar condition), she requires prompting. She recalls her room location from the nurses's station, recognizes people frequently encountered. (Cont'd)**



CASE STUDY

- **Memory (Cont'd.)**
- **She requires prompting just less than half of the time.**
- ***The FIM level for Memory is:***

CASE STUDY

- **Score is: 3 Moderate Assistance**



Thank You!

- **THANK YOU FOR BEING
SO ATTENTIVE.**

