

Date	HOME HEALTH FUNCTIONAL ASSESSMENT MODULE C: HOME VISIT	Patient HI Claim No.
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<p>FAMILY SITUATION (For Q. C1-C3, clarify discrepancies between information contained in the clinical record and what you observe in the home.)</p> <p>C1. Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Other <input type="checkbox"/> Unknown</p> <p>C2. Primary Caregiver: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Other Volunteer <input type="checkbox"/> Other Relative <input type="checkbox"/> Paid Attendant</p> <p>C3. Primary informal caregiver is able to receive instructions and provide care? Please give example. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable</p>	SURVEYOR NOTES
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MEDICAL CONDITION PROBE					
Through conversation with the patient and/or informal caregiver (or observation), determine the influence the HHA has had in helping patient/caregiver in the following review areas. ASKING SIMPLE YES OR NO QUESTIONS IS NOT SATISFACTORY. ANSWERS IN THIS SECTION ARE BASED ON YOUR IMPRESSIONS/BEST JUDGEMENT.					
PATIENT/CAREGIVER IS ABLE TO:	YES <small>Patient</small>	YES <small>Caregiver</small>	YES <small>Both</small>	NO	UNKNOWN
C4. Describe reason for admission to HHA					
C5. Describe how HHA care relates to patient's medical, nursing and/or rehabilitative needs					
C6. Report change(s) in patient's condition (nature of change(s))					
C7. Identify medications prescribed for treatment, and their administration					
C8. Describe the therapeutic diet (if appropriate)					
C9. Answer questions about the patient's rights					
C10. Describe the availability of the State hotline, and knows the hotline telephone number					

<p>FUNCTIONAL CAPACITY PROBE (Refer to Module B for information.)</p> <p>C11. Through observation of and/or conversation with the patient/caregiver, if appropriate, determine patient's ability to perform the Activities of Daily Living (ADLs). Determine level of deficit (e.g., needs help, unable to do) and record on ADL section of Module B. <input type="checkbox"/> Better <input type="checkbox"/> Worse</p> <p>C12. Through observation of and/or conversation with the patient/caregiver, if appropriate, determine patient's ability to perform the Instrumental Activities of Daily Living (IADLs). Determine level of deficit and record on IADL section of Module B. <input type="checkbox"/> Better <input type="checkbox"/> Worse</p>	SURVEYOR NOTES
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<p>ENVIRONMENTAL PROBE</p> <p>C13. Through conversation and observation, determine if there is anything in the patient's living environment that could influence the plan of care and/or progress toward outcomes (e.g., general habitability of home, uneven floors, etc.). Determine if these influences have been discussed with the patient/caregiver by staff and recorded in clinical record (if appropriate).</p>	SURVEYOR NOTES
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<p>BEHAVIORAL/MENTAL PROBE</p> <p>C14. Through conversation and observation, determine whether patient exhibits any behavioral or mental problems that could influence the following:</p> <ul style="list-style-type: none"> • patient's response to instructions about the patient's rights; and • course of care and/or progress. <p>Problems may include, but are not limited to the following: disoriented/wandering, agitated, forgetful, depressed, anxious, disruptive, assaultive. Explain:</p>	SURVEYOR NOTES
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