



OFFICE OF LONG-TERM LIVING BULLETIN

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SUBJECT:

Updates to the Functional Eligibility
Determination Process

Juliet Marsala
Deputy Secretary, Office of Long-Term Living

PURPOSE:

The purpose of this bulletin is to provide updates on the Functional Eligibility Determination (FED) Process, which is used to determine clinical eligibility for Medical Assistance (MA) long-term services and supports (LTSS). These updates align with the recent upgrade to the International Resident Assessment Instrument (InterRAI) Homecare Assessment Tool from version 9.0 to version 10. The InterRAI assessment tool is a comprehensive assessment instrument from which the FED questions are derived.

This bulletin rescinds Office of Long-Term Living (OLTL) Bulletin number IEB-19-04, IAE-190-4, 07-19-04, issued on April 1, 2019, and any other OLTL policy documents or parts of policy documents that are inconsistent with this bulletin’s contents.

SCOPE:

This bulletin applies to the Independent Enrollment Broker (IEB), the Independent Assessment Entity (IAE), and Community HealthChoices Managed Care Organizations (CHC-MCOs).

BACKGROUND:

LTSS includes nursing facility services and home and community-based services (HCBS). HCBS are delivered through OLTL MA waiver programs, the state-funded ACT 150 Program, and the Living Independence for the Elderly (LIFE) Program. To receive LTSS in the MA program, an individual must satisfy both clinical and financial eligibility standards. To be clinically eligible, an individual must need the level of care provided in a nursing facility (referred to as “Nursing Facility Clinically Eligible” (NFCE). See 42 C.F.R. 441.302(c); 55 Pa. Code § 1187.22(2).

An individual is determined to be NFCE if:

- The individual has an illness, injury, disability or medical condition diagnosed by a physician; **and**

- As a result of that illness, injury, disability or medical condition, the individual needs care and services that are above the level of room and board; **and**
- A physician certifies that the individual is NFCE; **and**
- The needed care and services are **either**:
 - skilled nursing or rehabilitation services as specified by the Medicare Program in 42 C.F.R. 409.31(a), 409.31(b)(1) and (3), 409.32-409.35; **or**
 - health-related care and services that are not as complex as skilled nursing or rehabilitation services, but are needed and provided on a regular basis in the context of planned program of health care and management and were previously available only through institutional facilities.

If the individual is not NFCE, then the individual is referred to as Nursing Facility Ineligible (NFI).

Individuals who are assessed to be NFCE at the time of their MA application must be reassessed at least every 12 months thereafter. Individuals may be reassessed earlier than 12 months if their functional status changes.

The Department of Human Services (Department) contracts with a non-governmental independent assessment entity (IAE) to conduct initial assessments and reassessments. The IAE also conducts reassessments for non-CHC programs. For CHC, the CHC-MCOs conduct the reassessments. In either case, the IAE is responsible for the validity of the assessments and must have procedures to review the assessments and to ensure they are sound and conducted correctly.

Assessments must be performed in person and completed within ten business days of receiving a request through the Pennsylvania Individualized Assessments (PIA) computer application. The request for the assessment may be entered into PIA by the IEB or by another appropriate referral source that has access to PIA.

DISCUSSION:

Since April 1, 2019, OLTL has used the FED Process to determine and redetermine whether an individual is NFCE under the definition discussed above which remains the standard. The FED Process includes multiple steps, starting with an assessment and concluding with translating the assessment scores into a determination of whether an individual is NFCE. The assessor will have the opportunity to record additional information and to note whether they disagree with the outcome of the FED Process. The FED Process may also include review by a Department physician.

The FED Tool

To conduct the assessments, the assessors will use the FED Tool identified in this bulletin as Attachment A. The FED Tool has six sections. The first section, entitled "Identification," contains personal and demographic information. In the remaining five sections, the FED

tool classifies multiple physical, behavioral and functional attributes into five categories.

Those categories are: (1) Cognition; (2) Mood and Behavior; (3) Functional Status; (4) Continence; and (5) Treatments and Procedures.

For each attribute within those categories, the assessor assigns a score based on the assessor's conversations with and observations of the individual, discussions with the individual's family, other caregivers, and the individual's provider, and review of any clinical records or documentation. The scores from the following attributes and categories are used to make a clinical determination:

- Section B. Cognition
 - B.1. Cognitive Skills for Daily Decision Making
 - B.2.a. Memory / Recall Ability – Short-Term Memory
 - B.2.b. Memory / Recall Ability – Procedural Memory
 - B.2.c. Memory / Recall Ability – Situational Memory
 - B.3.a. Periodic Disordered Thinking or Awareness – Easily Distracted
 - B.3.b. Periodic Disordered Thinking or Awareness – Episodes of Disorganized Speech
 - B.3.c. Periodic Disordered Thinking or Awareness – Mental Function Varies over the Course of the Day

- Section C. Mood and Behavior
 - C.1.a. Behavior Symptoms – Wandering
 - C.1.b. Behavior Symptoms – Verbal Abuse
 - C.1.c. Behavior Symptoms – Physical Abuse
 - C.1.d. Behavior Symptoms – Socially Inappropriate or Disruptive Behavior

- Section D. Functional Status
 - D.1.a. Activities of Daily Living Self-Performance – Bathing
 - D.1.b. Activities of Daily Living Self-Performance – Bathing Transfer
 - D.1.c. Activities of Daily Living Self-Performance – Personal Hygiene
 - D.1.d. Activities of Daily Living Self-Performance – Dressing Upper Body
 - D.1.e. Activities of Daily Living Self-Performance – Dressing Lower Body
 - D.1.f. Activities of Daily Living Self-Performance – Walking
 - D.1.g. Activities of Daily Living Self-Performance – Locomotion
 - D.1.h. Activities of Daily Living Self-Performance – Transfer Toilet
 - D.1.i. Activities of Daily Living Self-Performance – Toilet Use
 - D.1.j. Activities of Daily Living Self-Performance – Eating
 - D.2.a. Locomotion/Walking – Primary Mode of Locomotion
 - D.3. Managing Medications

- Section E. Continence
 - E.3. Bowel Continence

The range of scores varies by attribute depending on the nature of the question and the level of specificity that is necessary to make a valid clinical eligibility determination. For example, under Section B.1 – Cognitive Skills for Daily Decision Making, the scores range from 0 to 5. In contrast, the scores under Section B.2, Memory / Recall Ability, are limited to 0 or 1.

For items in Section D (Functional Status), which assesses levels of assistance, assessors are to base the score on the individual's need for assistance, rather than the assistance actually received, since services may not have been available or provided before the assessment.

The assessor enters the information and scores from the FED Tool into the PIA automated program.

Translating the FED Scores into an NFCE determination

The scores and information entered into the PIA are automatically translated into a determination of either NFCE or NFI. A matrix that shows how the scores are translated is identified in this bulletin as Attachment B.

In the matrix, the attributes listed above are categorized into eight groups (Columns A through H). The scores in those groups are classified into three levels: Little or No Deficit, Partial Deficit, and Full Deficit. An individual is determined to be NFCE if the individual's scores translate into at least three Partial Deficits or into at least one Full Deficit. Otherwise, the individual is rated NFI by the FED process.

Examples

The scores for Individual A are a "3" in B.1. (Column A), a "2" in B.3.a. (Column C), and a "5" in D.3 (Column G). Those scores are equivalent to a Partial Deficit in each of those three groups. Individual A is NFCE.

The scores for Individual B are a "4" in E.3. (Column H), and a "0" in all other groups. Individual B scored Little or No Deficit in all but one of the groups, but Individual B is NFCE because Individual B has a Full Deficit in one of the groups.

The scores for Individual C are no higher than 1 in any group. The scores are equivalent to a Partial Deficit in two groups (Columns B and C), and Little or No Deficit in the remaining groups. Individual C is NFI.

Assessor Comments and Disagreement

When the assessor is entering scores, PIA includes fields for observations and notes, including any information that the assessor or applicant believes may be relevant to the NFCE determination. Once PIA translates the scores and issues the determination, PIA provides the assessor with a mechanism through which they may notate any disagreement with the outcome of the FED.

Review by Physician

A physician must certify all NFCE determinations. In instances where the certification submitted by the individual's physician or the assessor's opinion differs from the outcome of the FED Process, a Department physician will review all available documentation and make the final determination. All review decisions are documented in PIA.

PROCEDURE:

- The IAE receives referrals from the IEB and other sources.
- An assessor visits the individual's home within 10 business days of receiving a referral and uses the FED Tool to identify and score the individual's clinical and functional status.
- The assessor submits the scores through PIA and indicates in PIA whether the assessor disagrees with the outcome of the FED process.
- A Department physician will review all instances in which the outcome of the FED process differs from the individual's physician's certification or the assessor's opinion.
- If the applicant is determined to be NFI, OLTL will issue a notice with an explanation for why the individual is not NFCE, along with appeal rights.
- If the applicant is determined to be NFCE, the application will continue through the financial eligibility process.

ATTACHMENTS:

- A. [FED Tool](#)
- B. [FED Matrix](#)

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE
DIRECTED TO:
PA Department of Human Services
OLTL/Forum Place 6th Floor
Bureau of Policy Development and Communications Management
P.O. Box 8025
Harrisburg, PA 17105-8025
(717) 783-8412**

ATTACHMENT A- FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

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.

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

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

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)

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)

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

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

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

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

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

ATTACHMENT A- FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

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 each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area—EXCLUDE WASHING OF BACK AND HAIR

b. Bath transfer

How the person transfers in/out of bath or shower.

c. 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

d. Dressing Upper Body

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

e. Dressing Lower Body

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

f. Walking

How walks between locations on same floor indoors

g. Locomotion

How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair (a score of 2 or 3 = partial assistance)

h. Transfer Toilet

How moves on and off toilet or commode

i. 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

j. Eating

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

ATTACHMENT A- FUNCTIONAL ELIGIBILITY DETERMINATION (FED)

2. Locomotion / Walking

a. Primary Mode of Locomotion (A score of 1 = partial support) (A score of 2 or 3 = full support)

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

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

ATTACHMENT A- 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

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

Programs

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

SAMPLE

ATTACHMENT B- FED TOOL TRANSLATION MATRIX

	A	B	C	D	E	F	G	H
Score	<ul style="list-style-type: none"> • B.1. Cognitive Skills for Daily Decision Making 	<ul style="list-style-type: none"> • B.2.a Short-Term Memory • B.2.b. Procedural Memory • B.2.c. Situational Memory 	<ul style="list-style-type: none"> • B.3.a. Easily Distracted • B.3.b. Disorganized Speech • B.3.c. Mental Function Varies 	<ul style="list-style-type: none"> • C.1.a. Wandering • C.1.b. Verbal Abuse • C.1.c. Physical Abuse • C.1.d. Socially Inappropriate or Disruptive 	<ul style="list-style-type: none"> • D.1.a. Bathing** • D.1.b. Bath Transfer** • D.1.c. Personal Hygiene • D.1.d. Dressing Upper Body • D.1.e. Dressing Lower Body • D.1.f. Walking • D.1.g Locomotion • D.1.h. Transfer Toilet • D.1.i Toilet use • D.1.j. Eating. 	<ul style="list-style-type: none"> • D.2.a. Primary Mode of Locomotion 	<ul style="list-style-type: none"> • D.3. Managing Medications 	<ul style="list-style-type: none"> • E.3. Bowel Continence
0								
1		A score of 1 on one or more bullets = PARTIAL DEFICIT	A score of 1 or 2 on one or more bullets = PARTIAL DEFICIT					
2	A score of 2 to 4 = PARTIAL DEFICIT			A score of 2 or 3 on one or more bullets = PARTIAL DEFICIT		A score of 2 = PARTIAL DEFICIT		
3	A score of 5 = FULL DEFICIT				A score of 3 to 6 on any two bullets = PARTIAL DEFICIT	A score of 3 = FULL DEFICIT		
4					A score of 3 to 6 on three or more bullets = FULL DEFICIT			
5					**Any deficit in both Bathing and Bath Transfer may be counted as 1 bullet.			
6								A score of 5 or 6 = PARTIAL DEFICIT

= Little or no deficit
 = Score not available for the attribute(s)

ANY THREE PARTIAL DEFICITS = NFCE

ANY FULL DEFICIT = NFCE