PEOPLES HEALTH
A UnitedHealthcare Company

Facility Documentation Update Form

Patient Name:			Admit Date:
DOB:	Last Covered Day:	Facility:	Anticipated Discharge Date:

FUNCTIONAL TASK	PRIOR LEVEL OF FUNCTION	CURRENT LEVEL OF FUNCTION (Assistance Needed)	COMMENTS
WALK/DISTANCE		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	Distance/Assist Device:
TRANSFERS		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
STAIRS		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
BED/CHAIR TRANSFERS		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
BED MOBILITY		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
WHEELCHAIR MOBILITY		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	Distance:
EATING		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	Diet:
GROOMING/BATHING		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
UE DRESSING		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
LE DRESSING		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
TOILETING/TOILET TRANSFER		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
SWALLOWING/SPEECH		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
COMPREHENSION/ORIENTATION		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
SAFETY AWARENESS		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	
OTHER MODALITIES (e.g., restorator bike)		Total Max Mod Min CG Supervision Set up Mod Ind Ind Not tested	Rehab Potential: Poor Fair Good Excellent
DME (in home/new needs – hospital bed, walker, rolator, W/C, BSC, shower chair, etc.)			
SLUMS*/BIMS†/DEPRESSION		WOUND Y N OTHER:	

Signature/Discipline **Date:**

DISCHARGE PLANS

Caregiver/support system (available hours/days – home alone, spouse, adult child, etc.)	
SDoH‡ needs addressed/identified	Caregiver training initiated: Y N Date: Barriers to Discharge:
Anticipated home health needs: Wound care PT/OT/ST SN HHA	

Signature/Discipline **Date:**

*Saint Louis University Mental Status exam for detecting mild cognitive impairment and dementia

†Brief Interview for Mental Status used to assess cognitive status in elderly

‡Social Determinants of Health assessment used to determine patient's social risks and needs

Submit documentation through the Provider Portal at www.peopleshealth.com/providerportal. Refer to the SNF Authorizations and Recertifications guide on the Authorizations tab. Questions? Reach out to your Peoples Health representative.