



MDS SECTION GG

Functional Abilities and Goals



Agenda

Intent of Section GG

- This section includes items about functional abilities and goals. It includes items focused on prior function, admission and discharge performance, discharge goals, performance throughout a resident's stay, mobility device use, and range of motion. Functional status is assessed based on the need for assistance when performing self-care and mobility activities.

Section GG

- GG0100 Prior Functioning Everyday Activities
 - Code only at the **Start of the SNF PPS stay (5-Day)**

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01	
Coding: 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete activities. 1. Dependent - A helper completed the activities for the resident. 8. Unknown. 9. Not Applicable.	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100 Prior Functioning: Everyday Activities

- Coding Instructions (note coding based on level of **human assistance**):
 - Code 3, Independent: if the resident completed the activities by himself or herself, with or without an assistive device, with no assistance from a helper.
 - Code 2, Needed Some Help: if the resident needed partial assistance from another person to complete the activities.
 - Code 1, Dependent: if the helper completed the activities for the resident, or the assistance of two or more helpers was required for the resident to complete the activities.
 - Code 8, Unknown: if the resident's usual ability prior to the current illness, exacerbation, or injury is unknown.
 - Code 9, Not Applicable: if the activities were not applicable to the resident prior to the current illness, exacerbation, or injury.

GG0100 Coding Tips

- Record the resident's usual ability to perform self-care, indoor mobility (ambulation), stairs, and functional cognition prior to the current illness, exacerbation, or injury.
- If no information about the resident's ability is available after attempts to interview the resident or their family and after reviewing the resident's medical record, code as 8, Unknown.
- Completing the stair activity for GG0100C indicates that a resident went up and down the stairs, by any safe means, with or without handrails or assistive devices or equipment (such as a cane, crutch, walker, or stair lift) and/or with or without some level of assistance.
- Going up and down a ramp is not considered going up and down stairs for coding GG0100C.

What is GG0100 Used For?

- The resident's usual ability with everyday activities prior to the current illness, exacerbation or injury helps inform what our goals should be for this person's skilled stay
- This information is used to risk adjust SNF QRP measures
- Does the resident understand what is meant by "prior to the current illness, exacerbation or injury"?

GG0130 Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury

Complete only if A0310B = 01

↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Item Rationale: Knowledge of the resident's routine use of devices and aids immediately prior to the current illness, exacerbation, or injury may inform treatment goals.

Steps for Assessment: 1. Ask the resident or their family or review the resident's medical records to determine the resident's use of prior devices and aids.

GG0115: Functional Limitation in Range of Motion

GG0115. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
↓ Enter Codes in Boxes	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)

This is a new item in section GG. It moved from the retired Section G.

Intent: The intent of GG0115 is to determine whether functional limitation in range of motion (ROM) interferes with the resident's activities of daily living or places them at risk of injury. When completing this item, staff members should refer to items in GG0130 and GG0170 and view the limitation in ROM, taking into account activities the resident is able to perform.

GG0115: Functional Limitation in Range of Motion

- **DEFINITION: FUNCTIONAL LIMITATION IN RANGE OF MOTION**
 - ability to move a joint that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury
- **Health-related Quality of Life**
 - Functional impairment could place the resident at risk of injury or interfere with performance of activities of daily living.
- **Planning for Care**
 - Individualized care plans should address possible reversible causes such as deconditioning and adverse side effects of medications or other treatments.

GG0115: Functional Limitation in Range of Motion

- Steps for Assessment
 - 1. Review the medical record for references to functional range-of-motion limitation during the 7-day observation period.
 - 2. Talk with staff members who work with the resident as well as family/significant others about any impairment in functional ROM.
 - 3. Coding for functional ROM limitations is a three-step process:
 - Test the resident's upper and lower extremity ROM (See item 6 below for examples).
 - If the resident is noted to have limitation of upper- and/or lower-extremity ROM, review GG0130 and GG0170 and/or directly observe the resident to determine whether the limitation interferes with function or places the resident at risk for injury.
 - Code GG0115A and GG0115B as appropriate based on the above assessment.

GG0115: Functional Limitation in Range of Motion

- Steps for Assessment, continued:
 - 4. Assess the resident's ROM bilaterally at the shoulder, elbow, wrist, hand, hip, knee, ankle, foot, and other joints unless contraindicated (e.g., recent fracture, joint replacement or pain).
 - 5. Staff member observations of various activities, including ADLs, may be used to determine whether any ROM limitations have an impact on the resident's functional abilities.
 - 6. Although this item codes for the presence or absence of functional limitation related to ROM, thorough assessment ought to be comprehensive and follow standards of practice for evaluating ROM impairment. Below are some suggested assessment strategies:
 - Ask the resident to follow your verbal instructions for each movement.
 - Demonstrate each movement (e.g., ask the resident to do what you are doing).
 - Actively assist the resident with the movements by supporting their extremity and guiding it through the joint ROM

GG0115: Functional Limitation in Range of Motion

- Lower Extremity—includes hip, knee, ankle, and foot
- While resident is lying supine in a flat bed, instruct the resident to flex (pull toes up toward head) and extend (push toes down away from head) each foot.
- Then ask the resident to lift their leg at a time, bending it at the knee to a right angle (90 degrees).
- Then ask the resident to slowly lower their leg and extend it flat on the mattress.
- If assessing lower extremity ROM by observing the resident, the flexion and extension of the foot mimics the motion on the pedals of a bicycle. Extension might also be needed to don a shoe. If assessing bending at the knee, the motion would be similar to lifting of the leg when donning lower body clothing.

GG0115: Functional Limitation in Range of Motion

- Upper Extremity—includes shoulder, elbow, wrist, and fingers
- For each hand, instruct the resident to make a fist and then open the hand.
- With resident seated in a chair, instruct them to reach with both hands and touch palms to back of head.
- Then ask resident to touch each shoulder with the opposite hand.
- Alternatively, observe the resident donning or removing a shirt over the head. If assessing upper-extremity ROM by observing the resident, making a fist mimics useful actions for grasping and letting go of utensils. When an individual reaches both hands to the back of the head, this mimics the action needed to comb hair

GG0115: Functional Limitation in Range of Motion – Coding Tip

- Do not look at limited ROM in isolation. You must determine whether the limited ROM has an impact on functional ability or places the resident at risk for injury.
 - For example, if the resident has an amputation, it does not automatically mean that they are limited in function.
 - A resident with an amputation may not have a particular joint in which a certain range of motion can be tested, however, that does not mean that the resident necessarily has a limitation in completing activities of daily living, nor does it mean that the resident is automatically at risk of injury.
 - There are many amputees who function extremely well and can complete all activities of daily living either with or without the use of prosthetics. If a resident with an amputation does indeed have difficulty completing ADLs and is at risk for injury, the facility should code this item as appropriate. This item is coded in terms of function and risk of injury, not by diagnosis or lack of a limb or digit.

GG0115: Functional Limitation in Range of Motion – Coding Instructions

- Code 0, no impairment: if resident has full functional range of motion on the right and left side of upper/lower extremities.
- Code 1, impairment on one side: if resident has an upper- and/or lower-extremity impairment on one side that interferes with daily functioning or places the resident at risk of injury.
- Code 2, impairment on both sides: if resident has an upper- and/or lower extremity impairment on both sides that interferes with daily functioning or places the resident at risk of injury

GG0115: Functional Limitation in Range of Motion - Examples

- 1. The resident can perform all arm, hand, and leg motions on the right side, with smooth coordinated movements. They are able to perform grooming activities (e.g., brush their teeth, comb their hair) with their right upper extremity and are also able to pivot to their wheelchair with the assistance of one person. They are, however, unable to voluntarily move their left side (limited arm, hand, and leg motion), as they have a flaccid left hemiparesis from a prior stroke.
- Coding: GG0115A would be coded 1, upper-extremity impairment on one side. GG0115B would be coded 1, lower-extremity impairment on one side.
- Rationale: Impairment due to left hemiparesis affects both upper and lower extremities on one side. Even though this resident has limited ROM that impairs function on the left side, as indicated above, the resident can perform ROM fully on the right side. Even though there is impairment on one side, the facility should always attempt to provide the resident with assistive devices or physical assistance that allows the resident to be as independent as possible

GG0115: Functional Limitation in Range of Motion - Examples

- 2. The resident had shoulder surgery and can't brush their hair with their right arm or raise their right arm above their head. The resident can brush their hair with their left arm and has no impairment on the lower extremities.
- Coding: GG0115A would be coded 1, upper-extremity impairment on one side. GG0115B would be coded 0, no impairment.
- Rationale: Impairment due to shoulder surgery affects only one side of their upper extremities

GG0115: Functional Limitation in Range of Motion - Examples

- 3. The resident has a diagnosis of Parkinson's and ambulates with a shuffling gait. The resident has had three falls in the past quarter and often forgets their walker, which they need to ambulate. They have tremors of both upper extremities that make it very difficult for them to feed themselves, brush their teeth, or write.
- Coding: GG0115A would be coded 2, upper-extremity impairment on both sides. GG0115B would be coded 2, lower-extremity impairment on both sides.
- Rationale: Impairment due to Parkinson's disease affects the resident's upper and lower extremities on both sides.

GG0120: Mobility Devices

GG0120. Mobility Devices	
↓ Check all that were normally used in the last 7 days	
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

Item Rationale

Health-related Quality of Life

- *Maintaining independence is important to an individual's feelings of autonomy and self-worth. The use of devices may assist the resident in maintaining that independence.*

Planning for Care

- *A resident's ability to move about their room, unit or nursing home may be directly related to the use of devices. It is critical that staff members assure that the resident's independence is optimized by making mobility devices available on a daily basis, if needed.*

GG0130 Self-Care; GG0170 Mobility

- These items have a 3 day assessment period
 - Admission and/or 5-day: the first three days of the stay
 - OBRA or IPA: the ARD plus two days prior
 - Discharge: the last three days of the stay
- Code the resident's usual performance over the three days assessment period using a 6-point scale.
- If activity was not attempted during the assessment period, code the reason.
- On the 5-day assessment, code the discharge goal using the same 6-point scale

GG0130 Self-Care; GG0170 Mobility

Coding:

Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

GG0130 Self Care and GG0170 Mobility

Admission

1. Admission Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

OBRA/IPA

5. Interim Performance
Enter Codes in Boxes
↓
<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>

Discharge

3. Discharge Performance
Enter Code
<input type="text"/> <input type="text"/>
Enter Code
<input type="text"/> <input type="text"/>

GG0130: Self-Care; GG0170 Mobility

- Health-related Quality of Life
 - Residents may have self-care limitations on admission. In addition, residents may be at risk of further functional decline during their stay in the facility.
 - Most nursing home residents need some physical assistance and are at risk of further physical decline. The amount of assistance needed and the risk of decline vary from resident to resident.
 - A wide range of physical, neurological, and psychological conditions and cognitive factors can adversely affect physical function.
 - Dependence on others for ADL assistance can lead to feelings of helplessness, isolation, diminished self-worth, and loss of control over one's destiny.
 - As inactivity increases, complications such as pressure ulcers, falls, contractures, depression, and muscle wasting may occur.

GG0130: Self-Care; GG0170 Mobility

- Planning for Care:
 - Individualized care plans should address strengths and weaknesses, possible reversible causes such as deconditioning, and adverse side effects of medications or other treatments. These may contribute to loss of self-sufficiency. In addition, some neurologic injuries such as stroke may continue to improve for months after an acute event.
 - For some residents, cognitive deficits can limit ability or willingness to initiate or participate in self-care or restrict understanding of the tasks required to complete ADLs.
 - Individualized care plans should be based on an accurate assessment of the resident's self-performance and the amount and type of support being provided to the resident.

GG0130: Self-Care; GG0170 Mobility

- Planning for Care, continued:
 - Many residents may require lower levels of assistance if they are provided with appropriate devices and aids, assisted with segmenting tasks, or given adequate time to complete a task while being provided with graduated prompting and assistance. This type of supervision requires skill, time, and patience.
 - Most residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding self-involvement in ADLs.
 - Graduated prompting/task segmentation (helping the resident break tasks down into smaller components) and allowing the resident time to complete an activity can often increase functional independence.

GG0130: Self-Care; GG0170 Mobility

- Steps for Assessment

- 1. Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period.
 - CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the assessment period.
- 2. Residents should be allowed to perform activities as independently as possible, as long as they are safe.

GG0130: Self-Care; GG0170 Mobility

- Step for Assessment, continued:
 - 3. For the purposes of completing Section GG, a “helper” is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff).
 - Thus, “helper” does not include individuals hired, compensated or not, by individuals outside of the facility’s management and administration such as hospice staff, nursing/certified nursing assistant students, etc.
 - Therefore, when helper assistance is required because a resident’s performance is unsafe or of poor quality, consider only facility staff when scoring according to the amount of assistance provided.

GG0130: Self-Care; GG0170 Mobility

- Step for Assessment, continued:
 - 4. Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.
 - 5. For residents in a Medicare Part A stay, the admission functional assessment, when possible, should be conducted prior to the benefit of services in order to reflect the resident's true admission baseline functional status. If treatment has started, for example, on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment

GG0130: Self-Care; GG0170 Mobility

- Steps for Assessment, Continued:
 - 6. Refer to facility, Federal, and State policies and procedures to determine which staff members may complete an assessment. Resident assessments are to be done in compliance with facility, Federal, and State requirements.

GG0130: Self-Care; GG0170 Mobility

- Definitions

- **USUAL PERFORMANCE:** A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance.
- **QUALIFIED CLINICIAN:** Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.
- **PRIOR TO THE BENEFIT OF SERVICES** means prior to provision of any care by facility staff that would result in more independent coding.

GG0130: Self-Care; GG0170 Mobility

- Coding Instructions:
 - When coding the resident's usual performance and discharge goal(s), use the six-point scale, or use one of the four "activity was not attempted" codes to specify the reason why an activity was not attempted.
 - Code 06, Independent: if the resident completes the activity by themselves with no assistance from a helper.
 - Code 05, Setup or clean-up assistance: if the helper sets up or cleans up; resident completes activity.
 - Helper assists only prior to or following the activity, but not during the activity.
 - For example, the resident requires assistance cutting up food or opening container, or requires setup of hygiene item(s) or assistive device(s)

GG0130: Self-Care; GG0170 Mobility

- Coding Instructions, continued:
 - Code 04, Supervision or touching assistance: if the helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
 - For example, the resident requires verbal cueing, coaxing, or general supervision for safety to complete activity; or resident may require only incidental help such as contact guard or steadying assist during the activity.
 - Code 04, Supervision or touching assistance: if the resident requires only verbal cueing to complete the activity safely

GG0130: Self-Care; GG0170 Mobility

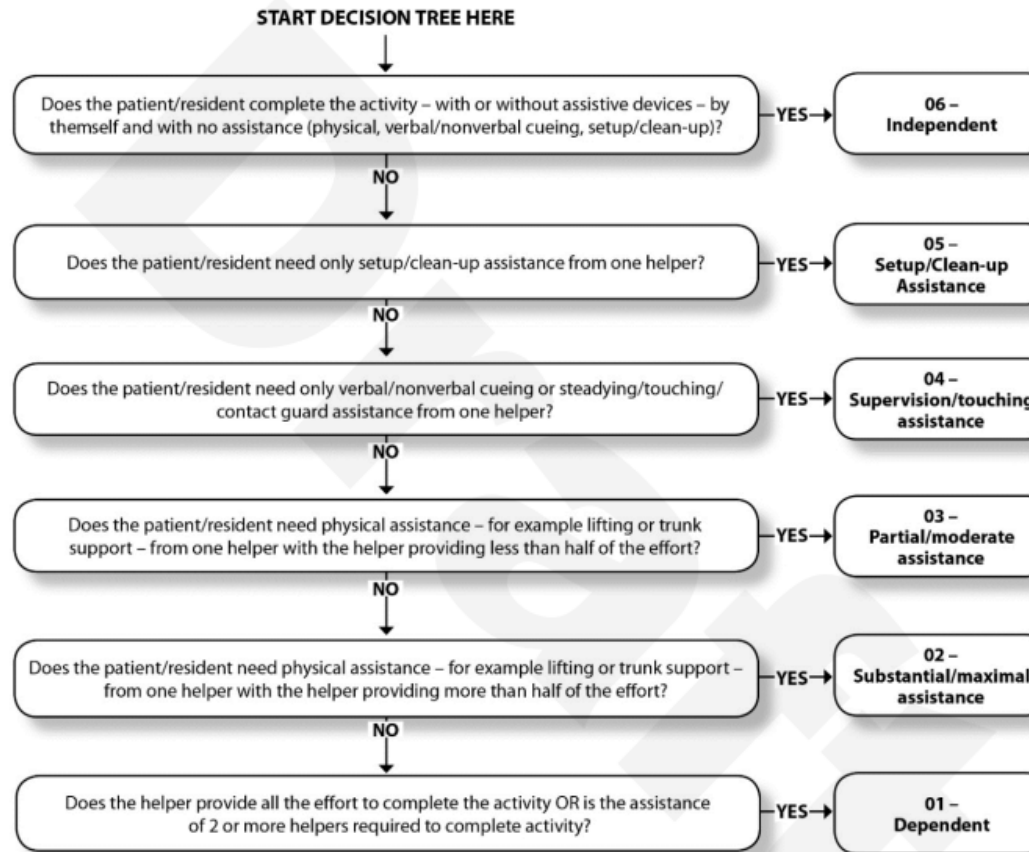
- Coding Instructions, continued:
 - Code 03, Partial/moderate assistance: if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
 - Code 02, Substantial/maximal assistance: if the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
 - Code 01, Dependent: if the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity.
 - Code 01, Dependent: if two helpers are required for the safe completion of an activity, even if the second helper provides supervision/stand-by assist only and does not end up needing to provide hands-on assistance.
 - Code 01, Dependent: if a resident requires the assistance of two helpers to complete an activity (one to provide support to the resident and a second to manage the necessary equipment to allow the activity to be completed).

GG0130: Self-Care; GG0170 Mobility

- Coding Instructions, continued:
 - Code 07, Resident refused: if the resident refused to complete the activity.
 - Code 09, Not applicable: if the activity was not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
 - Code 10, Not attempted due to environmental limitations: if the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.
 - Code 88, Not attempted due to medical condition or safety concerns: if the activity was not attempted due to medical condition or safety concerns.

GG0130: Self-Care; GG0170 Mobility

Use this decision tree to code the resident's performance on the assessment instrument. If helper assistance is required because the resident's performance is unsafe or of poor quality, score according to the amount of assistance provided. Only use the "activity not attempted codes" if the activity did not occur; that is, the resident did not perform the activity and a helper did not perform that activity for the resident.



GG0130: Self-Care; GG0170 Mobility

- General Coding Tips

- When reviewing the medical record, interviewing staff, and observing the resident, be familiar with the definition for each activity (e.g., eating, oral hygiene).
 - For example, when assessing Eating (item GG0130A), determine the type and amount of assistance required to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
- Residents with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the resident's need for assistance to perform the activity safely (for example, choking risk due to rate of eating, amount of food placed into mouth, risk of falling).

GG0130: Self-Care; GG0170 Mobility

- General Coding Tips, continued:
 - If the resident does not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, code the reason the activity was not attempted.
 - code as 07 if the resident refused to attempt the activity;
 - code as 09 if the activity is not applicable for the resident (the activity did not occur at the time of the assessment and prior to the current illness, injury, or exacerbation);
 - code as 10 if the resident was not able to attempt the activity due to environmental limitations;
 - or code as 88 if the resident was not able to attempt the activity due to medical condition or safety concerns

GG0130: Self-Care; GG0170 Mobility

- General Coding Tips, continued:
 - An activity can be completed independently with or without devices. If the resident uses adaptive equipment and uses the device independently when performing an activity, enter code 06, Independent.
 - If two or more helpers are required to assist the resident to complete the activity, code as 01, Dependent.
 - To clarify your own understanding of the resident's performance of an activity, ask probing questions to the care staff about the resident, beginning with the general and proceeding to the more specific. See examples of probing questions at the end of this section.
 - A dash ("-") indicates "No information." CMS expects dash use to be a rare occurrence.

GG0130: Self-Care; GG0170 Mobility

- General Coding Tips, continued:
 - Documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations.
 - CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility activities. Clinical assessments may include any device or equipment that the resident can use to allow them to safely complete the activity as independently as possible.
 - Do not code self-care and mobility activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems)

GG0130: Self-Care; GG0170 Mobility

- Tips for Coding the Resident's Usual Performance
 - When coding the resident's usual performance, "effort" refers to the type and amount of assistance a helper provides in order for the activity to be completed. The six-point rating scale definitions include the following types of assistance: setup/cleanup, touching assistance, verbal cueing, and lifting assistance.
 - Do not record the resident's best performance, and do not record the resident's worst performance, but rather record the resident's usual performance during the assessment period.
 - Code based on the resident's performance. Do not record the staff's assessment of the resident's potential capability to perform the activity.

GG0130: Self-Care; GG0170 Mobility

- Tips for Coding the Resident's Usual Performance, continued:
 - If the resident performs the activity more than once during the assessment period and the resident's performance varies, coding in Section GG should be based on the resident's "usual performance," which is identified as the resident's usual activity/performance for any of the Self-Care or Mobility activities, not the most independent or dependent performance over the assessment period.
 - Therefore, if the resident's Self-Care performance varies during the assessment period, report the resident's usual performance, not the resident's most independent performance and not the resident's most dependent performance. A provider may need to use the entire assessment period to obtain the resident's usual performance.

GG0130: Self-Care

- A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food/and or liquid once the meal is placed before the resident
- B. Oral hygiene: The ability to use suitable utensils to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
- C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
- E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower

GG0130: Self-Care

- F. Upper body dressing: The ability to dress and undress below the waist; including fasteners, if applicable
- G. Lower body dressing: The ability to dress and undress below the waist; including fasteners. Does not include footwear.
- H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable
- I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (exclude baths, showers, and oral hygiene).

GG0170: Mobility

- A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
- B. Sit to lying: The ability to move from sitting on the side of the bed to lying flat on the bed.
- C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
- D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- E. toilet transfer: The ability to get on and off a toilet or commode
- FF: Tub/shower transfer: The ability to get in and out of a tub/shower

GG0170: Mobility

- G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close the door or fasten seat belt.
- I. Walk 10 feet: Once in a standing position. The ability to walk at least 10 feet in a room, corridor, or similar space.
- J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
- K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
- L. Walking 10 feet on an uneven surface: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
- M. 1 step (curb): The ability to go up and down a curb and/or up and down one step.

GG0170: Mobility

- N. 4 steps: The ability to go up and down four steps with or without a rail.
- O. 12 steps: The ability to go up and down 12 steps with or without a rail.
- P. Picking up an object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
- Q1. Does the resident use a wheelchair and/or scooter?
 - 0. No -> Skip to next section
 - 1. Yes -> Continue to GG0170R

GG0170: Mobility

- R. Wheel 50 feet with two turns: Once seated in the wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
 - RR1. Indicate the type of wheelchair or scooter used.
 - 1. Manual
 - 2. Motorized
- S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
 - SS1. Indicate the type of wheelchair or scooter used.
 - 1. Manual
 - 2. Motorized

Coding Tips for GG0130A, Eating

- The administration of tube feedings and parenteral nutrition is not considered when coding this activity
 - Assistance with tube feedings or parenteral nutrition is not considered when coding the item Eating.
- If a resident requires assistance (e.g., supervision or cueing) to swallow safely, code based on the type and amount of assistance required for feeding and safe swallowing.
- If a resident swallows safely without assistance, exclude swallowing from consideration when coding GG0130A, Eating
- For a resident taking only fluids by mouth, the item may be coded based on ability to bring liquid to the mouth and swallow liquid, once the drink is placed in front of the resident

More Coding Tips

- Coding Tips for GG0130B, Oral hygiene
 - If a resident does not perform oral hygiene during therapy, determine the resident's abilities based on performance on the nursing care unit.
 - For a resident who is edentulous, code Oral hygiene based on the type and amount of assistance required from a helper to clean the resident's gums.
- Coding Tips for GG0130F, Upper body dressing, GG0130G, Lower body dressing, and GG0130H, Putting on/taking off footwear
 - If a resident requires assistance with dressing, including assistance with buttons, fasteners and/or fastening a bra, code based on the type and amount of assistance required to complete the entire dressing activity

Coding Tips for GG0130C, Toileting hygiene

- Toileting hygiene (managing clothing and perineal cleansing) takes place before and after use of the toilet, commode, bedpan, or urinal.
- If the resident completes a bowel toileting program in bed, code the item Toileting hygiene based on the resident's need for assistance managing clothing and perineal cleansing.
- Includes:
 - Performing perineal hygiene.
 - Managing clothing (including undergarments and incontinence products, such as incontinence briefs or pads) before and after voiding or having a bowel movement.
 - Adjusting clothing relevant to the individual resident

Coding Tips for GG0130C, Toileting hygiene

- When the resident requires different levels of assistance to perform toileting hygiene after voiding versus after a bowel movement, code based on the type and amount of assistance required to complete the ENTIRE activity.
- If a resident manages an ostomy, toileting hygiene includes wiping the opening of the ostomy or colostomy bag, but not management of the equipment.
- If a resident has an indwelling catheter, toileting hygiene includes perineal hygiene to the indwelling catheter site, but not management of the equipment.
 - For example, if the resident has an indwelling urinary catheter and has bowel movements, code Toileting hygiene based on the type and amount of assistance needed by the resident before and after moving their bowels. This may include the need to perform perineal hygiene to the indwelling urinary catheter site after the bowel movement

Coding Tips for GG0170D, Sit to stand

- The activity includes the resident coming to a standing position from any sitting surface.
- If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to-stand lift, then code as 01, Dependent.
- If a full-body mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer, code GG0170D, Sit to stand with the appropriate “activity not attempted” code.
- Code as 05, Setup or clean-up assistance, if the only help a resident requires to complete the sit-to-stand activity is for a helper to retrieve an assistive device or adaptive equipment, such as a walker or ankle-foot orthosis

Coding Tips for GG0170E, Chair/bed-to-chair transfer

- Depending on the resident's abilities, the transfer may be a stand-pivot, squat-pivot, or a slide board transfer.
- For item GG0170E, Chair/bed-to-chair transfer:
 - When assessing the resident moving from the chair/bed to the chair, the assessment begins with the resident sitting at the edge of the bed (or alternative sleeping surface) and ends with the resident sitting in a chair or wheelchair.
 - When assessing the resident moving from the chair to the bed, the assessment begins with the resident sitting in a chair or wheelchair and ends with the resident returning to sitting at the edge of the bed (or alternative sleeping surface).
 - The activities of GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, are two separate activities that are not assessed as part of GG0170E.
- When possible, the transfer should be assessed in an environmental situation in which taking more than a few steps would not be necessary to complete the transfer.

Coding Tips for GG0170F, Toilet transfer

- Toilet transfer includes the resident's ability to get on and off a toilet (with or without a raised toilet seat) or bedside commode.
- Toileting hygiene, clothing management, and transferring on and off a bedpan are not considered part of the Toilet transfer activity.
- Code as 05, Setup or clean-up assistance, if the resident requires a helper to position/set up the bedside commode before and/or after the resident's bed-to-commode transfers (place at an accessible angle/location next to the bed) and the resident does not require helper assistance during Toilet transfers.

Coding Tips for GG0170FF, Tub/shower transfer

- Complete GG0170FF when A0310A = 01 – 06 or A0310F = 10 or 11. (OBRA assessment or discharge assessment)
- Tub/shower transfers involve the ability to get into and out of the tub or shower. Do not include washing, rinsing, drying, or any other bathing activities in this item.
- If the resident does not get into or out of a tub and/or shower during the observation period, use one of the “activity not attempted” codes (07, 09, 10, or 88).

Coding Tips for GG0170G, Car transfer

- For item GG0170G, Car transfer, use of an indoor car can be used to simulate outdoor car transfers.
- The Car transfer does not include getting to or from the vehicle, opening/closing the car door, or fastening/unfastening the seat belt.
- If the resident remains in a wheelchair and does not transfer in and out of a car or van seat, then the activity is not considered completed, and the appropriate “activity not attempted” code would be used.
- The setup and/or clean-up of an assistive device that is used for walking to and from the car, but not used for the transfer in and out of the car seat, would not be considered when coding the Car transfer activity

Coding Tips for GG0170I–G0170L Walking Items

- Assessment of the walking activities starts with the resident in a standing position.
- A walking activity cannot be completed without some level of resident participation that allows resident ambulation to occur for the entire stated distance. A helper cannot complete a walking activity for a resident.
- During a walking activity, a resident may take a brief standing rest break. If the resident needs to sit to rest during a Section GG walking activity, consider the resident unable to complete the walking activity and use the appropriate activity not attempted code.
- Clinicians can use clinical judgment to determine how the actual resident assessment of walking is conducted. If a clinician chooses to combine the assessment of multiple walking activities, the clinician should use clinical judgment to determine the type and amount of assistance needed for each individual activity.
- Use clinical judgment when assessing activities that overlap or occur sequentially to determine the type and amount of assistance needed for each individual activity

Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps

- Completing the stair activities indicates that a resident goes up and down the stairs, by any safe means, with or without any assistive devices (for example, railing or stair lift) and with or without some level of assistance. Getting to and from the stairs is not included when coding the curb or step activities.
- Ascending and descending stairs does not have to occur sequentially or during one session. If the assessment of going up the stairs and then down the stairs occurs sequentially, the resident may take a standing or seated rest break between ascending and descending the 4 steps or 12 steps.

Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps

- (continued)
- If a resident requires a helper to provide total assist (for example, the resident requires total assist from a helper to move up and down over a curb in their wheelchair), code as 01, Dependent.
- A resident who uses a wheelchair may be assessed going up and down stairs (including one step or curb) in a wheelchair. Code based on the type and amount of assistance required from the helper.
- If, at the time of the assessment, a resident is unable to complete the activity because of a physician-prescribed restriction (for instance, no stair climbing for two weeks) but could perform this activity prior to the current illness, exacerbation, or injury, code 88, Not attempted due to medical condition or safety concern.

Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps

- (continued)
- Assess the resident going up and down one step or up and down over a curb. If both are assessed, and the resident's performance going up and down over a curb is different from their performance going up and down one step (e.g., because the step has a railing), code GG0170M, 1 step (curb) based on the activity with which the resident requires the most assistance.
- If a resident's environment does not have 12 steps, the combination of going up and down 4 stairs three times consecutively in a safe manner is an acceptable alternative to comply with the intention and meet the requirements of this activity

Coding Tips for GG0170P, Picking up object

- The activity includes the resident bending or stooping from a standing position to pick up a small object, such as a spoon, from the floor.
- Picking up the object must be assessed while the resident is in a standing position. If the resident is not able to stand, the activity did not occur, and the appropriate “not attempted” code would be used.
- If a standing resident is unable to pick up a small object from the floor, therefore requiring the helper to assist in picking up the object, code as 01, 02, or 03, depending on whether the helper is providing all the effort, more than half of the effort, or less than half of the effort, respectively.
- Assistive devices and adaptive equipment may be used, for example, a cane to support standing balance and/or a reacher to pick up the object.

Coding Tips for GG0170Q, GG0170R, and GG0170S, Wheelchair Items

- If the resident used a wheelchair for self-mobilization prior to admission to the facility, indicate 1, Yes, to the gateway wheelchair items on the initial assessment in GG0170Q1. The responses for gateway wheelchair items (GG0170Q1, GG0170Q3, and/or GG0170Q5) do not have to be the same on subsequent assessments. For example, the Admission assessment may indicate that the resident does not use a wheelchair but the subsequent assessment may indicate that the resident uses a wheelchair.
- If a wheelchair is used for transport purposes only, then GG0170Q1, GG0170Q3, and/or GG0170Q5, Does the resident use a wheelchair or scooter? is coded as 0, No; then follow the skip pattern to continue coding the assessment.
 - Example of using a wheelchair for transport convenience: A resident is transported in a wheelchair by staff between their room and the therapy gym or by family to the facility cafeteria, but the resident is not expected to use a wheelchair after discharge

Coding Tips for GG0170Q, GG0170R, and GG0170S, Wheelchair Items

- If a resident's environment does not accommodate wheelchair or scooter use for 150 feet without turns, but the resident demonstrates the ability to mobilize a wheelchair or scooter with or without assistance for 150 feet with turns without jeopardizing the resident's safety, code GG0170S, Wheel 150 feet, using the 6-point scale.
- For GG0170S, Wheel 150 feet, a helper can assist a resident in completing the required distance in the wheelchair or in making turns if required. When a resident is unable to wheel the entire distance themselves, the activity can still be completed, and a performance code can be determined based on the type and amount of assistance required from the helper to complete the entire activity.

Thing to Think About

- Read the RAI Manual
 - There are additional coding tips that were not included in this presentation
 - There are examples for each self-care and mobility task to help understand how to code
- Care plans should transition to Section GG specific language, away from Section G language
 - When should you make this transition?
 - Staff training will be needed to familiarize them with the new language
- Decisions need to be made regarding how this information will be assessed and documented