

## Section GG: Functional Abilities and Goals – Reference Tool

OVERVIEW: Through a collaborative process by the interprofessional team, the following is captured in Section GG:

- The resident’s usual ability when performing self-care and mobility activities
  - Prior to the current illness, exacerbation, or injury
  - At the start of the assessment period (first three days) for admission and OBRA/Interim assessments.
    - For residents in a Medicare Part A stay, the admission functional assessment, when possible, should be conducted prior to the benefit of services
  - At the end of SNF PPS Stay (last 3 days of the stay)
- The devices and aids used by the resident prior to the current illness, exacerbation, or injury and at the start of the assessment period (last 7 days)
- At least one discharge goal is required (self-care and/or mobility) for admission assessments.

<b>GG0100 – Prior Functioning: Everyday Activities</b>		
Knowledge of the resident’s functioning prior to the current illness, exacerbation, or injury may impact treatment goals		
Coding Scale	Everyday Activities and Descriptions	
<p>3. <b>Independent</b> – Resident completed <i>all</i> the activities by themselves, with or without an assistive device, with no assistance from a helper.</p> <p>2. <b>Needed Some Help</b> – Resident needed partial assistance from another person to complete <i>any</i> activities.</p> <p>1. <b>Dependent</b> – A helper completed <i>all</i> the activities for the resident.</p> <p>8. <b>Unknown</b> (If no information about the resident’s prior ability is available)</p> <p>9. <b>Not Applicable</b></p>	<p>Ask the resident or their family about, or review the resident’s medical records describing, the resident’s prior functioning with everyday activities.</p> <p><u>Self-Care</u>: Code the resident’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.</p> <p><u>Indoor Mobility (Ambulation)</u>: 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.</p> <p><u>Stairs</u>: 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. (Indicates that a resident went up and down the stairs, by any safe means, not including ramps)</p> <p><u>Functional Cognition</u>: 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.</p>	
<b>GG0110 – Prior Device Use</b>		
Knowledge of the resident’s routine use of devices and aids immediately prior to the current illness, exacerbation, or injury may impact treatment goals		
Check all that apply:		
A. Manual wheelchair B. Motorized wheelchair and/or scooter	C. Mechanical lift (all types, including stair lifts) D. Walker (all types)	E. Orthotics/Prosthetics Z. None of the Above
<b>GG0115-Functional Limitation in Range of Motion</b>		
Limited ability to move a joint that interferes with daily functioning or places resident at risk for injury in last 7 days If the resident is noted to have limitation of upper- and/or lower-extremity ROM, determine whether the limitation interferes with function or places the resident at risk for injury		
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	Location: Upper Extremity (shoulder, elbow, wrist, hand) Lower Extremity (hip knee, ankle, foot)	
<b>GG0120- Mobility Devices</b>		
Check all that were normally used in last 7 days (for locomotion (in room and in facility)):		
A. Cane/Crutch (includes single-prong, tripod, quad cane, etc)  B. Walker (includes pushing w/c)	C. Wheelchair-manual or electric (Does not include geri-chairs, reclining chairs with wheels, positioning chairs, scooters)  D. Limb prosthesis	Z. None of the Above (Used none, or locomotion did not occur during observation period)

## Section GG: Functional Abilities and Goals – Reference Tool

### Self-Care and Mobility Coding Scales for Safety and Quality of Performance

Assess the resident’s usual self-care and mobility 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.

Note: A “helper” is defined as facility staff and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff), and does not include individuals outside of the facility’s management and administration (e.g., hospice staff, nursing/certified nursing assistant students)

<p>06. <b>Independent</b> – Resident completes the activity by themselves with no assistance from a helper.</p> <p>05. <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.</p> <p>04. <b>Supervision or touching assistance</b> – 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.</p> <p>03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. <b>Dependent</b> – 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 even if the second helper provides supervision/stand-by assist only and/or provides equipment management</p>	<p>NOTE: If activity was not attempted at the beginning or end of the assessment period, code reason:</p> <p>07. <b>Resident refused</b></p> <p>09. <b>Not applicable</b> – Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</p> <p>88. <b>Not attempted due to medical condition or safety concerns</b></p>
--	---

**Key considerations for the assessment:**

- 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.
- Use of assistive device(s) does not affect coding of activity
  - Do not code activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars)

### GG0130: Self- Care

**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.

- Administration of tube feedings and parenteral nutrition is not considered.
- 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

**Oral hygiene:** The ability to use suitable items 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.

- If resident is edentulous, code based on the type and amount of assistance required from helper to clean the resident’s gums.

**Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes (including undergarments and incontinence products) before and after voiding or having a bowel movement.

- Include hygiene, but not managing equipment for ostomy (i.e., wiping opening) or indwelling catheter (i.e., perineal hygiene).
- If bowel toileting program occurs in bed, code the item based on need for assistance managing clothing and perineal cleansing

**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.

- Assessment can take place in any location including a shower or bath or at a sink or in bed (i.e., full body sponge bath)

**Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.

- Includes items such as a back brace, stump sock/shrinker, neck support, hand or arm prosthetic/orthotic if used during activity.
- Upper body dressing cannot be assessed based solely on donning/doffing a hospital gown.

**Lower body dressing:** The ability to dress and undress below the waist; including fasteners; does not include footwear.

- Includes items such as: knee race, elastic bandage, stump sock/shrinker, or lower-limb prosthesis if used during activity

**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.

- Includes items such as: AFO, compression stockings, elastic bandage, or foot orthotics, if used during activity.

**Personal Hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers and oral hygiene).

## Section GG: Functional Abilities and Goals – Reference Tool

### GG0170: Mobility

<p><b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.</p> <ul style="list-style-type: none"> <li>● If the resident does not sleep in a bed, clinicians should assess bed mobility activities using the alternative furniture on which the resident sleeps (for example, a recliner).</li> </ul>
<p><b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.</p>
<p><b>Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed and with no back support.</p> <ul style="list-style-type: none"> <li>● Back support refers to an object or person providing support for the resident’s back</li> </ul>
<p><b>Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</p> <ul style="list-style-type: none"> <li>● If a full-body mechanical lift is used to assist in transferring a resident for a chair/bed-to chair transfer, “activity not attempted”</li> <li>● Code 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 (i.e. walker or ankle-foot orthosis).</li> </ul>
<p><b>Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).</p> <ul style="list-style-type: none"> <li>● Depending on the resident’s abilities, the transfer may be a stand-pivot, squat-pivot, or a slide board transfer</li> </ul>
<p><b>Toilet transfer:</b> The ability to get on and off a toilet or commode (with or without a raised toilet seat)</p> <ul style="list-style-type: none"> <li>● Toileting hygiene, clothing management, and transferring on and off a bedpan are not considered part of this activity</li> <li>● if the resident requires a helper to position/set up the bedside commode before and/or after the resident’s bed-to-commode transfers and the resident does not require helper assistance, code setup or clean-up assistance.</li> </ul>
<p><b>Tub/Shower Transfer:</b> The ability to get in and out of a tub/shower.</p> <ul style="list-style-type: none"> <li>● If a tub and/or shower transfer does not occur during the observation period, use one of the “activity not attempted” codes</li> </ul>
<p><b>Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side.</p> <ul style="list-style-type: none"> <li>● Does not include getting to or from the vehicle, opening/closing the car door, or fastening/unfastening the seat belt.</li> </ul>
<p><b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.</p> <ul style="list-style-type: none"> <li>● Do not consider the resident’s mobility performance when using parallel bars for any walking items.</li> </ul>
<p><b>Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.</p> <ul style="list-style-type: none"> <li>● The turns may be in the same direction or may be in different directions</li> </ul>
<p><b>Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.</p> <ul style="list-style-type: none"> <li>● If the resident’s environment does not accommodate a walk of 150 feet without turns, but the resident demonstrates the ability to walk, with or without assistance, 150 feet with turns without jeopardizing the resident’s safety, code using the 6-point scale</li> </ul>
<p><b>Walking 10 feet on uneven surfaces:</b> Ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.</p> <ul style="list-style-type: none"> <li>● The activity can be assessed inside or outside. Examples of uneven surfaces include uneven or sloping surfaces, turf, and gravel.</li> </ul>
<p><b>1 step (curb):</b> The ability to go up and down a curb and/or up and down one step.</p> <ul style="list-style-type: none"> <li>● A resident who uses a wheelchair may be assessed going up and down stairs (including one step or curb) in a wheelchair</li> <li>● If both up/down curb and up/down one step are assessed, and the resident’s performance differs (e.g., because the step has a railing), code based on the activity with which the resident requires the most assistance.</li> </ul>
<p><b>4 steps:</b> The ability to go up and down 4 steps with or without a rail.</p>
<p><b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.</p> <ul style="list-style-type: none"> <li>● If 12 steps are not available, 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</li> </ul>
<p><b>Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.</p> <ul style="list-style-type: none"> <li>● Must be assessed while the resident is in a standing position.</li> <li>● Assistive devices and adaptive equipment (i.e, reacher) may be used</li> </ul>
<p><b>Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.</p> <p><b>Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.</p> <p>For both items: <b>Indicate the type of wheelchair or scooter used:</b> 1. Manual or 2. Motorized</p> <ul style="list-style-type: none"> <li>● The intent of the wheelchair mobility items is to assess the ability of residents who are learning how to self-mobilize using a wheelchair, or who used a wheelchair for self-mobilization prior to admission.</li> </ul>

Reference and In text citations from:

Minimum data set (MDS) 3.0 resident assessment instrument (RAI) manual. CMS.gov. (n.d.).

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>