



# SNF Virtual Training Program – Part 1

## Section GG: Summary of Guidance Changes

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# Objectives

- Identify the Section GG items where a change in the data element and/or guidance has occurred.
- Discuss guidance changes for Section GG standardized data elements.



# Overview

- Section G: Functional Status retired.
- Many of the following data elements from Section G were already revised and incorporated into Section GG:
  - G0110. Activities of Daily Living (ADL) Assistance.
  - G0120. Bathing.
  - G0300. Balance During Transitions and Walking.
  - G0900. Rehabilitation Potential.
- These data elements were incorporated into Sections GG0110. Prior Device Use, GG0130. Self-Care, and GG0170. Mobility.



# Overview (cont.)

There are other Section G data elements that have been added to Section GG:

- G0400. Functional Limitation in Range of Motion is now GG0115.
- G0600. Mobility Devices is now GG0120.
- G0110J. Personal Hygiene is now GG0130I.
- G0120. Bathing.
  - The tub/shower transfer aspect of this data element was added to GG0170 as a new data element: GG0170FF. Tub/Shower Transfer.

# Section GG: Functional Abilities and Goals



The section intent was revised to incorporate the data elements integrated from Section G.

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.



**GG0100. Prior Functioning**



**GG0115. Functional Limitation in  
Range of Motion  
and GG0120. Mobility Devices**



**GG0130. Self-Care and  
GG0170. Mobility**



**GG0130. Self-Care**



**GG0170. Mobility**

# **GG0100. Prior Functioning**

# GG0100. Prior Functioning

A blue speech bubble icon with the text "CODING TIPS" inside.

## CODING TIPS

- 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.



# **GG0115. Functional Limitation in Range of Motion and GG0120. Mobility Devices**

# GG0115. Functional Limitation in Range of Motion

Data element G0400 from Section G was renumbered and added to Section GG as GG0115.

## G0400. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury

### Coding:

- 0. No impairment
- 1. Impairment on one side
- 2. Impairment on both sides

↓ Enter Codes in Boxes

☐

A. Upper extremity (shoulder, elbow, wrist, hand)

☐

B. Lower extremity (hip, knee, ankle, foot)

## 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

### Coding:

- 0. No impairment
- 1. Impairment on one side
- 2. Impairment on both sides

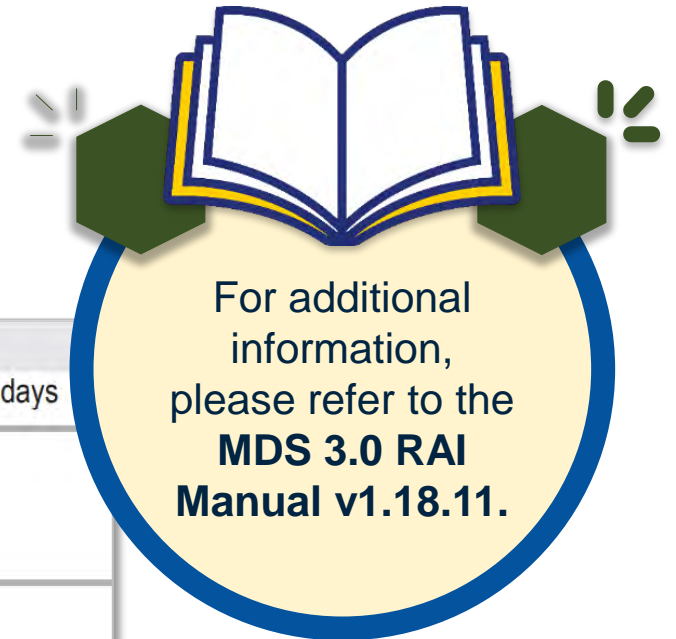
Enter Codes in Boxes

☐

A. Upper extremity (shoulder, elbow, wrist, hand)

☐

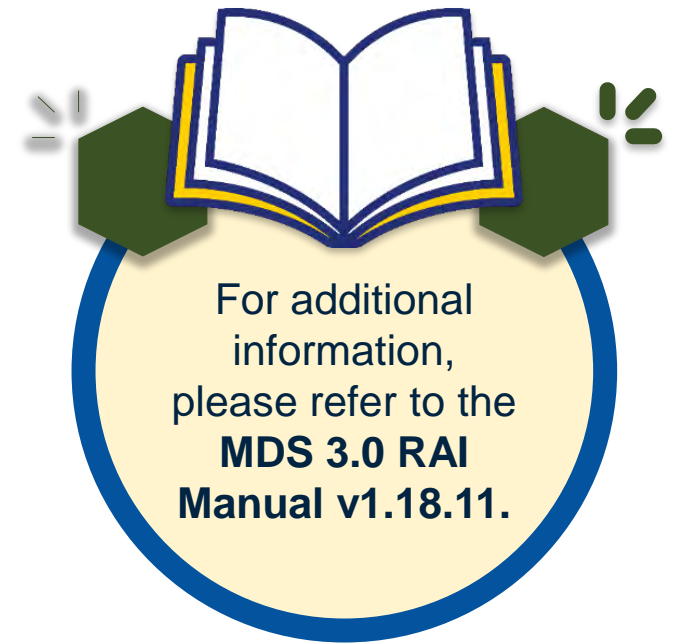
B. Lower extremity (hip, knee, ankle, foot)



For additional  
information,  
please refer to the  
**MDS 3.0 RAI  
Manual v1.18.11.**

# GG0115. Functional Limitation in Range of Motion (cont.)

- Item intent was revised to align with the other Section GG data elements.
- Definitions, item rationale, steps for assessment, and coding instructions were carried forward from G0400 to GG0115.



# GG0120. Mobility Devices

Data element G0600 from Section G was renumbered and added to Section GG as GG0120.

G0600. Mobility Devices	
↓ Check all that were normally used	
<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

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



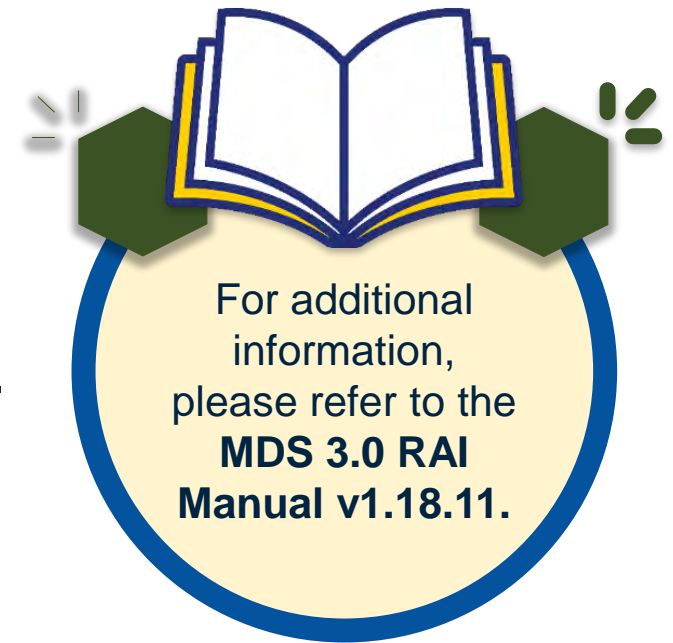
For additional information, please refer to the **MDS 3.0 RAI Manual v1.18.11.**

Definitions, item rationale, steps for assessment, and coding instructions were carried forward from G0600 to GG0120.

# **GG0130. Self-Care and GG0170. Mobility**

# GG0130 and GG0170: Overview of Changes

- Personal hygiene integrated into GG0130 as GG0130I.
- Tub/Shower transfer added as GG0170FF.
- Column 5 Interim Performance updated to include Omnibus Budget Reconciliation Act (OBRA) assessments.
- Item rationale, health-related quality of life, planning for care, and some definitions from old Section G data element G0110. Activities of Daily Living Assistance were added to GG0130.
- New and revised guidance to improve clarity.
- Some coding examples removed.





# GG0130. Self-Care: Admission

**GG0130. Self-Care** (Assessment period is the first 3 days of the stay)  
Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.  
When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Instructions updated.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS

## Coding:

**Safety and Quality of Performance** - If helper assistance is required, amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up.
- 04. **Supervision or touching assistance** - Helper provides supervision or touching assistance. Assistance may be provided throughout the activity. Assistance may be provided throughout the effort.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does not attempt or is unable to attempt the activity.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not attempt.
- 10. **Not attempted due to environmental limitations** (e.g., room too hot/cold, etc.)
- 88. **Not attempted due to medical condition or safety concern**

1. Admission Performance	2. Discharge Goal	
Enter Codes in Boxes		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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 equipment.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> 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.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	I. <b>Personal hygiene:</b> The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

NEW: GG0130I.  
Personal Hygiene.



# GG0130. Self-Care: Discharge

**GG0130. Self-Care** (Assessment period is the last 3 days of the stay)

**Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.**

When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C.

For all other Discharge assessments, the stay ends on A2000.

Instructions updated.

Code the resident's usual performance at the end of the stay for the activity. If the resident is unable to perform the activity at the end of the stay, code the reason.

## Coding:

**Safety and Quality of Performance** - If helper assistance is required, code the amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up after the resident.
- 04. **Supervision or touching assistance** - Helper provides verbal prompts or supervision to complete activity. Assistance may be provided throughout the activity.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF of the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF of the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does not complete the activity without the required assistance.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform the activity.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, space, etc.)
- 88. **Not attempted due to medical condition or safety concern**

## 3. Discharge Performance

Enter Codes in Boxes

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 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.

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 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.

F. **Upper body dressing:** The ability to dress and undress above the waist.

G. **Lower body dressing:** The ability to dress and undress below the waist.

H. **Putting on/taking off footwear:** The ability to put on and take off socks, 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 (excludes baths, showers, and oral hygiene).

NEW: GG0130I.  
Personal Hygiene.



# GG0130. Self-Care: OBRA/Interim

**GG0130. Self-Care** (Assessment period is the ARD plus 2 previous calendar days)

Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08.

Instructions updated.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

## Coding:

**Safety and Quality of Performance** - If helper assistance is provided, code the amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by self.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up after resident completes activity.
- 04. **Supervision or touching assistance** - Helper provides supervision or touching assistance. Assistance may be provided throughout the activity.
- 03. **Partial/moderate assistance** - Helper does LESS than half of the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE than half of the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident is unable to complete the activity without the assistance 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 does not have the condition or ability to perform the activity.
- 10. **Not attempted due to environmental limitations**
- 88. **Not attempted due to medical condition or safety**

5. OBRA/Interim Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	A. <b>Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and eat before the resident.
<input type="text"/> <input type="text"/>	B. <b>Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if worn) to be removed from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/> <input type="text"/>	C. <b>Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothing, and manage an ostomy, include wiping the opening but not managing equipment.
<input type="text"/> <input type="text"/>	E. <b>Shower/bathe self:</b> 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.
<input type="text"/> <input type="text"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	I. <b>Personal hygiene:</b> The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

Added GG0130E,  
GG0130F, GG0130G,  
GG0130H and new  
data element GG0130I.

# GG0130 and GG0170: Steps for Assessment



- For residents in a Medicare Part A stay, the admission assessment period is the first 3 days of the Part A stay starting with the date in A2400B. Start of Most Recent Medicare Stay. The admission assessment period for residents who are not in a Medicare Part A stay is the first 3 days of their stay starting with the date in A1600. Entry Date.
  - **Note:** If A0310B = 01 and A0310A = 01–06, indicating a 5-day Prospective Payment System (PPS) assessment combined with an OBRA assessment, the assessment period is the first 3 days of the stay beginning on A2400B and both columns are required. In these scenarios, do not complete Column 5. OBRA/Interim Performance.



# GG0130 and GG0170: Steps for Assessment (cont. 1)



- For residents in a Medicare Part A stay, the assessment period for the Interim Payment Assessment (A0310B = 08) is the last 3 days (i.e., the Assessment Reference Date (ARD) plus 2 previous calendar days).
- For residents in a Medicare Part A stay, the discharge assessment period is the End Date of Most Recent Medicare Stay (A2400C) plus 2 previous calendar days. For all other Discharge assessments, the assessment period is A2000, Discharge Date plus 2 previous calendar days.
- When completing an OBRA-required assessment other than an Admission assessment (i.e., A0310A = 02–06), the assessment period is the ARD plus 2 previous calendar days.

# GG0130 and GG0170: Steps for Assessment (cont. 2)



- 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 and GG0170: Definition



## Prior to the Benefit of Services



Means prior to provision of any care by facility staff that would result in more independent coding.

# GG0130 and GG0170: Admission Assessments



## Assessment Period

- **Admission:** The 5-day PPS assessment (A0310B = 01) is the first Medicare-required assessment to be completed when the resident is admitted for a Skilled Nursing Facility (SNF) Part A stay. Additionally, an OBRA Admission assessment (A0310A = 01) is required for a new resident and, under some circumstances, a returning resident and must be completed by the end of day 14. Please refer to Section 2.6 of the Resident Assessment Instrument (RAI) Manual for additional information about the OBRA Admission assessment.
- For an OBRA Admission assessment, code the resident's usual performance during first 3 days of their stay starting with the date in A1600. Entry Date.



# GG0130 and GG0170: Discharge Assessments



**Discharge:** The Part A PPS Discharge assessment is required to be completed when the resident's Medicare Part A stay ends as documented in A2400C. End of Most Recent Medicare Stay, either as a standalone assessment when the resident's Medicare Part A stay ends but the resident remains in the facility; or combined with an OBRA Discharge if the Medicare Part A stay ends on the day of, or 1 day before, the resident's Discharge Date (A2000). **An OBRA Discharge assessment is required when the resident is discharged from the facility.** Please see Chapter 2 and Section A of the RAI Manual for additional details regarding Discharge assessments.



# GG0130 and GG0170: Discharge Assessments (cont.)



On standalone OBRA Discharge assessments (i.e., A0310F = 10 or 11 AND A0310H = 0), code the resident's usual performance during last 3 days of their stay (i.e., A2000. Discharge Date plus 2 previous calendar days).





# GG0130 and GG0170: OBRA/Interim



- **OBRA/Interim:** The Interim Payment Assessment (IPA) (A0310B = 08) is an optional assessment that may be completed by providers in order to report a change in the resident's Patient-Driven Payment Model (PDPM) classification. **OBRA assessments (A0310A = 01–06) are required for residents in Medicare-certified, Medicaid-certified, or dually certified nursing homes and are outlined in Chapter 2 of the RAI Manual.**
- For Section GG on the IPA or an **OBRA assessment**, providers will use the same 6-point scale and activity not attempted codes to **assess the resident's usual functional performance during the 3-day assessment period.**

# GG0130 and GG0170: OBRA/Interim (cont.)



For Section GG on OBRA assessments other than the Admission assessment (i.e., A0310A = 02–06), the assessment period is the last 3 days (i.e., the ARD plus 2 previous calendar days).



# GG0130 and GG0170: Discharge Goals



- Discharge goals are coded with each Admission assessment when **A0310B = 01**, indicating the start of a PPS stay. Discharge goals are not required with standalone OBRA assessments.
- For the SNF Quality Reporting Program (QRP), a minimum of one self-care or mobility goal must be coded. However, facilities may choose to complete more than one self-care or mobility discharge goal. **Identifying multiple goals helps ensure that the assessment accurately reflects resident status and facilitates person-centered individualized care planning.**

# GG0130 and GG0170: Coding Instructions



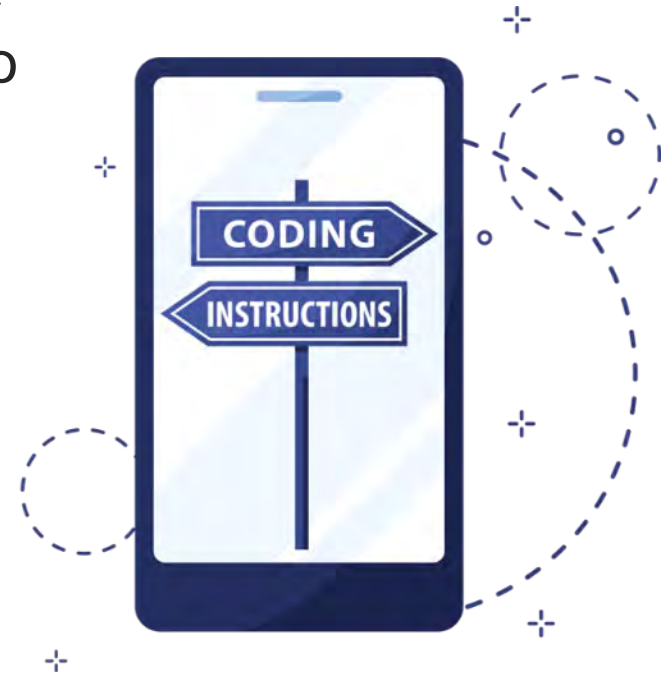
- **Code 04, Supervision or touching assistance**, if the helper provides verbal cues or touching/steadying/contact guard assistance as the resident completes an activity. Assistance may be provided throughout the activity or intermittently. For example, the resident requires verbal cueing, coaxing, or general supervision for safety to complete activity, or the 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 and GG0170: Coding Instructions (cont.)



- **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/standby assistance 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 and GG0170: General Coding Tips



- 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**

# GG0130A. Eating



## CODING TIPS

- The intent of GG0130A. Eating is to assess the resident's 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.
- 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.



# GG0130A. Eating (cont.)



## CODING TIPS

- 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 the ability to bring liquid to the mouth and swallow liquid once the drink is placed in front of the resident.

# GG0130B. Oral Hygiene



## CODING TIPS

- 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.



# GG0130C. Toileting Hygiene



## CODING TIPS

- 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.

# GG0130C. Toileting Hygiene (cont. 1)



## CODING TIPS

- 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.





# GG0130C. Toileting Hygiene (cont. 2)



## CODING TIPS

- 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.



# GG0130E. Shower/Bathe Self

A blue speech bubble icon with the text "CODING TIPS" inside.

## CODING TIPS

- Assessment of Shower/bathe self can take place in **any location, including** a shower or bath or at a sink or **in bed** (i.e., full body sponge bath). **Bathing can be assessed with the resident seated on a tub bench.**
- **Code 05, Setup or clean-up assistance**, if the resident can complete bathing tasks only after a helper retrieves or sets up supplies necessary to perform the included tasks.
- **Code 05, Setup or clean-up assistance**, if the only help the resident requires is assistance before the bathing activity to cover wounds or devices for water protection during bathing.

# GG0130E. Shower/Bathe Self (cont.)

## CODING TIPS

- If the resident cannot bathe **their** entire body because of a medical condition (**e.g., a cast or a nonremovable dressing**), then code Shower/bathe self based on the amount of assistance needed to complete the activity.





# GG0130F. Upper Body Dressing, GG0130G. Lower Body Dressing, and GG0130H. Putting On/Taking Off Footwear



## CODING TIPS

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.





# GG0130I. Personal Hygiene

## CODING TIPS

Complete GG0130I when A0310A = 01–06 or A0310F = 10 or 11.

Personal hygiene involves the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands (excludes baths, showers, and oral hygiene).



# **GG0170. Mobility**

# GG0170: Item Rationale



Residents may have mobility limitations on admission. In addition, residents may be at risk of further functional decline during their stay in the facility. Please review the item rationale for GG0130. Self-Care, for additional information about the importance of assessing ADLs, including information about health-related quality of life and planning for care.

# GG0170. Mobility (3-Day Assessment Period): Admission

**GG0170. Mobility** (Assessment period is the first 3 days of the stay)  
Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.  
When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission), code the reason. Code the reason codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay

## Coding:

**Safety and Quality of Performance** - If helper assistance is required, code the amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves with no assistance.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity.
- 04. **Supervision or touching assistance** - Helper provides verbal supervision; resident completes activity. Assistance may be provided throughout the activity.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort 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.
- 10. **Not attempted due to environmental limitations** (e.g., lack of space, equipment, etc.)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance  
2. Discharge Goal

Enter Codes in Boxes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 side of bed to lying flat on the bed.

C. **Lying to sitting on side of bed:** The ability to move from lying flat on the bed to sitting on side of bed with support.

D. **Sit to stand:** The ability to come to a standing position from sitting on side of bed.

E. **Chair/bed-to-chair transfer:** The ability to transfer from a chair to a bed or from a bed to a chair.

F. **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.

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 door or fasten seat belt.

I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)

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.

Instructions updated.

NEW: GG0170FF.  
Tub/Shower transfer.



# GG0170. Mobility (3-Day Assessment Period): Discharge

**GG0170. Mobility** (Assessment period is the last 3 days of the stay)  
**Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.**  
When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 0  
For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity of the stay, code the reason.

## Coding:

**Safety and Quality of Performance** - If helper assistance is required because resident is unable to complete activity without assistance, code the amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves with no assistance.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or completes activity. Assistance may be provided throughout the activity or in part.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort 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.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment)
- 88. **Not attempted due to medical condition or safety concerns**

## 3. Discharge Performance

Enter Codes in Boxes

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 side of bed to lying flat on the bed.

C. **Lying to sitting on side of bed:** The ability to move from lying flat on the bed to sitting on side of bed with support.

D. **Sit to stand:** The ability to come to a standing position.

E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a chair or bed.

F. **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.

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 door or fasten seat belt.

I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)

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.

Instructions updated.

NEW: GG0170FF.  
Tub/Shower transfer.

# GG0170. Mobility: OBRA/Interim



**GG0170. Mobility** (Assessment period is the ARD plus 2 previous calendar days).

Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

## Coding:

**Safety and Quality of Performance** - If helper assistance is required, code the amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up after activity.
- 04. **Supervision or touching assistance** - Helper provides supervision or touching assistance to complete activity. Assistance may be provided throughout the activity.
- 03. **Partial/moderate assistance** - Helper does LESS THAN half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does not attempt the activity.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not attempt.
- 10. **Not attempted due to environmental limitations** (e.g., clutter, poor lighting, etc.)
- 88. **Not attempted due to medical condition or safety concern**

5.  
OBRA/Interim  
Performance  
Enter Codes in Boxes

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 side of 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. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).

F. **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.

I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheelchair and/or scooter?

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.



# GG0170. Mobility: OBRA/Interim (cont.)



**GG0170. Mobility** (Assessment period is the ARD plus 2 previous calendar days).

Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

## 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 assistance.

06. **Independent** - Resident completes the activity.

05. **Setup or clean-up assistance** - Helper sets up or cleans up after resident.

04. **Supervision or touching assistance** - Helper supervises or touches resident to complete activity.

03. **Partial/moderate assistance** - Helper does more than half of the effort.

02. **Substantial/maximal assistance** - Helper does half or less of the effort.

01. **Dependent** - Helper does ALL of the effort 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 activity is not applicable.

10. **Not attempted due to environmental limitations**

88. **Not attempted due to medical condition**

5. OBRA/Interim Performance	
Enter Codes in Boxes	
	Q5. Does the resident use a wheelchair and/or scooter?
<input type="checkbox"/>	0. No → Skip to H0100, Appliances
<input type="checkbox"/>	1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="checkbox"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	RR5. Indicate the type of wheelchair or scooter used.
<input type="checkbox"/>	1. Manual
<input type="checkbox"/>	2. Motorized
<input type="checkbox"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	SS5. Indicate the type of wheelchair or scooter used.
<input type="checkbox"/>	1. Manual
<input type="checkbox"/>	2. Motorized

# GG0170FF. Tub/Shower Transfer



- Complete GG0170FF when A0310A = 01–06 or A0310F = 10 or 11.
- 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).



**FF. Tub/shower transfer:** The ability to get in and out of a tub/shower.

# GG0170: General Coding Tips



## CODING TIPS

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, fall risk due to increased mobility activities).



**NEW**



For additional information, please refer to the  
**MDS 3.0 RAI Manual v1.18.11.**

# GG0170A. Roll Left and Right



## CODING TIPS

If the resident does not sleep in a bed, clinicians should assess bed mobility activities using the alternative furniture that the resident sleeps on (for example, a recliner).

# GG0170C. Lying to Sitting on Side of Bed



## CODING TIPS

## IMPORTANT REVISION

GG0170C no longer includes "feet flat on the floor" instruction.



# GG0170D. Sit to Stand



## CODING TIPS

- The activity includes the resident coming to a standing position from any sitting surface.
- 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.



# GG0170E. Chair/Bed-to-Chair Transfer



## CODING TIPS

- 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).

# GG0170E. Chair/Bed-to-Chair Transfer (cont.)



## CODING TIPS

- 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.



**NEW**



For additional information, please refer to the  
**MDS 3.0 RAI Manual v1.18.11.**

# GG0170F. Toilet Transfer

## CODING TIPS

- 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 or location next to the bed) and the resident does not require helper assistance during toilet transfers.





# GG0170G. Car Transfer

## CODING TIPS

- 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.





# GG0170I–G0170L: Walking Items



## CODING TIPS

- 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.

# GG0170I–G0170L: Walking Items (cont. 1)



## CODING TIPS

- 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.



# GG0170I–G0170L: Walking Items (cont. 2)



## CODING TIPS

- When coding GG0170K. Walk 150 feet, 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.
- When coding GG0170L. Walking 10 feet on uneven surfaces, the activity can be assessed inside or outside. Examples of uneven surfaces include uneven or sloping surfaces, turf, and gravel. Use clinical judgment to determine whether a surface is uneven.



# GG0170M. 1 Step (curb), GG0170N. 4 Steps, and GG0170O. 12 Steps



## CODING TIPS

- 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.



# GG0170M. 1 Step (curb), GG0170N. 4 Steps, and GG0170O. 12 Steps (cont. 1)



## CODING TIPS

- If a resident requires a helper to provide total assistance (for example, the resident requires total assistance 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/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 2 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**.



# GG0170M. 1 Step (curb), GG0170N. 4 Steps, and GG0170O. 12 Steps (cont. 2)



## CODING TIPS

- 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.



# GG0170P. Picking Up Object

## CODING TIPS

- 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 “activity not attempted” code would be used.



# GG0170P. Picking Up Object (cont.)



## CODING TIPS

- If a standing resident is unable to pick up a small object from the floor, therefore requiring a 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.



# GG0170Q, GG0170R, and GG0170S: Wheelchair Items

## CODING TIPS

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 indicates that the resident uses a wheelchair.



# GG0170Q, GG0170R, and GG0170S: Wheelchair Items (cont.)



## CODING TIPS

- 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.



# Summary



- Section G has been retired and some items have been integrated into GG0130. Self-Care and GG0170. Mobility.
- There have been revisions to some of the Section GG Prior Functioning, Self-Care and Mobility items and associated guidance.
- New coding tips have been added and others revised for GG0130. Self-Care and GG0170. Mobility.

# Submitting Questions

If you have questions about this presentation, please submit them to [PACTraining@EconometricalInc.com](mailto:PACTraining@EconometricalInc.com) by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.

