

Section GG

Functional Abilities and Goals

Intent

To assess the need for assistance with activities of daily living (ADLs) and mobility.
To set goals for self care and mobility, and to assess how well those goals have been met.

Significant Changes

GG0130, GG0170 – Decline in an ADL area
GG0130, GG0170 – Improvement in an ADL area

Care Area Triggers

GG0130, GG0170 – ADL Functional/Rehabilitation Potential
GG0130, GG0170 - Falls

Quality Indicators

GG0130, GG0170 – Decline in Late Loss ADLs

Enhanced Quality Measures

GG0130, GG0170 - Percent of residents whose need for help with daily activities has increased
GG0130, GG0170 – Percent of residents whose ability to move in and around their room got worse

RUG IV Categories

GG0130, GG0170 – All RUG Categories

Care Plans

Fall Risk
Physical Mobility, Ambulation
Physical Mobility, Bed Mobility
Physical Mobility, Locomotion
Physical Mobility, Transfers
Self Care Deficit, Eating
Self Care Deficit, Hygiene

Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)		
GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03.		
Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.		
Coding:		
<p>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. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent - Resident completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>If activity was not attempted, code reason:</p> <p>07. Resident refused.</p> <p>09. Not applicable.</p> <p>88. Not attempted due to medical condition or safety concerns.</p>	
	1. Admission Performance	2. Discharge Goal

GG0130. Functional Abilities and Goals RUG – All RUG Categories

Significant Change – Decline or improvement in an ADL area

QI – Decline in Late Loss ADLs

CAT – ADL Functional/Rehabilitation Potential

EQM – Percent of residents whose need for help with daily activities has increased

EQM – Percent of residents whose ability to move in and around their room got worse

Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C.

Complete only if A0310G is not = 2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03.

Coding Instructions for GG0130

Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale.

If an activity was not attempted at the end of the SNF PPS stay, code the reason.

Code for **resident's performance** over all shifts

Differentiating between guided maneuvering and weight-bearing assistance:

Determine **who** is supporting the weight of the resident's extremity or body. For example, if the staff member supports some of the weight of the resident's hand while helping the resident to eat (lifting a spoon or a cup to mouth), or performs part of the activity for the resident, this is "weight-bearing" assistance for this activity. If the resident can lift the utensil or cup, but staff assistance is needed to guide the resident's hand to his or her mouth, this is guided maneuvering.

Do **NOT** record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.

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 him/herself 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 or TOUCHING/STEADYING 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.

88. Not attempted due to medical condition or safety concerns.

A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.		
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A. Eating

The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray.

Includes modified food consistency.

Do not include eating/drinking during medication pass.

B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]		
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B. Oral hygiene

The ability to use suitable items to clean teeth.

Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.

C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.		
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C. Toileting hygiene

The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal.

If managing an ostomy, include wiping the opening but not managing equipment.

GG0170. Mobility (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)
 Complete only if A0310G is not = 2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and**
 A2100 is not = 03

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

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 him/herself 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 or TOUCHING/STEADYING 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.**
 88. Not attempted due to **medical condition or safety concerns.**

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

1. Admission Performance

2. Discharge Goal

GG0170. Mobility

Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C.

Complete only if A0310G is not = 2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and**
 A2100 is not = 03.

Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale.

If an activity was not attempted at the end of the SNF PPS stay, 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 assistive devices.*

06. Independent

Resident completes the activity by him/herself with no assistance from a helper.

05. Setup or clean-up assistance

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04. Supervision or touching assistance

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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.

88. Not attempted due to **medical condition or safety concerns.**

**Note that the items of the section are missing letters G and I.
After item K, the section skips to items Q1, R, RR1, S, and SS1.**

B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.		
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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 safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.		
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C. Lying to sitting on side of bed

The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.		
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D. Sit to stand

The ability to safely come to a standing position from sitting in a chair or on the side of the bed.

E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).		
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E. Chair/bed-to-chair transfer

The ability to safely transfer to and from a bed to a chair (or wheelchair).

F. Toilet transfer: The ability to safely get on and off a toilet or commode.		
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F. Toilet transfer

The ability to safely get on and off a toilet or commode.

CAT– ADL Functional/Rehabilitation Potential

<p>H1. Does the resident walk?</p> <p>0. No, and walking goal is not clinically indicated. Skip to GG0170Q1, Does the resident use a wheelchair/scooter?</p> <p>1. No, and walking goal is clinically indicated. Code the resident's discharge goal(s) for items GG0170J and GG0170K</p> <p>2. Yes Continue to GG0170J, Walk 50 feet with two turns</p>	
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H1. Does the resident walk?

0. **No**, and walking goal is not clinically indicated.
Skip to GG0170Q1, Does the resident use a wheelchair/scooter?

1. **No**, and walking goal is clinically indicated.
Code the resident's discharge goal(s) for items GG0170J and GG0170K

2. **Yes**
Continue to GG0170J, Walk 50 feet with two turns

J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.		
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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.		
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K. Walk 150 feet

Once standing, the ability to walk at least 150 feet in a corridor or similar space.

EQM– Percent of residents whose ability to move in and around their room got worse

<p>Q1. Does the resident use a wheelchair/scooter?</p> <p>0. No Skip to GG0130, Self Care (Discharge)</p> <p>1. Yes Continue to GG0170R, Wheel 50 feet with two turns</p>	
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Q1. Does the resident use a wheelchair/scooter?

0. **No**

Skip to GG0130, Self Care (Discharge)

1. **Yes**

Continue to GG0170R, Wheel 50 feet with two turns

R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.		
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R. Wheel 50 feet with two turns

Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.

<p>RR1. Indicate the type of wheelchair/scooter used.</p> <p>1. Manual</p> <p>2. Motorized</p>	
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RR1. Indicate the type of wheelchair/scooter used.

1. **Manual**

2. **Motorized**

S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.		
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S. Wheel 150 feet

Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.

SS1. Indicate the type of wheelchair/scooter used.	
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1. **Manual**

2. **Motorized**

SS1. Indicate the type of wheelchair/scooter used.

1. **Manual**

2. **Motorized**