


**MDS 3.0 Section GG**  
Direct Care Staff Training

July 2023



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### Objectives

1. Examine steps to capture the residents' functional abilities accurately.
2. Review each GG item to capture functional abilities
3. Discuss strategies for managing the MDS under the new RAI guidelines.

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It Takes a Team for Section GG



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### SNF Virtual Training Program Part 1 Presentations

- SNF Training Program Overview.
- Understanding Changes to MDS 3.0 RAI Manual v1.18.11.
- Social Determinants of Health and New Data Elements in Section A.
- Section C: Changes to Cognitive Patterns Guidance.
- Section D: Resident Mood Interview and Total Severity Score.
- Section GG: Functional Abilities and Goals.
- Section J: Health Conditions.
- Section K: Swallowing/Nutritional Status.
- Section N: Medications.
- Section O: Special Treatments, Procedures, and Programs.
- Section Q: Participation in Assessment and Goal Setting.



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### Step for Assessment: Establishing ARD

- 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.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Day 1	Day 2	Day 3			

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.



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### Overview of Changes: GG0130

<input type="checkbox"/>	<input type="checkbox"/>	<b>E. 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="checkbox"/>	<input type="checkbox"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist, including fasteners, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="checkbox"/>	<input type="checkbox"/>	<b>H. 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="checkbox"/>	<input type="checkbox"/>	<b>I. 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).



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### Prior Functioning: Medicare A

Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)											
GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury.											
<b>Coding:</b> 1. <b>Independent</b> - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. <b>Needed Some Help</b> - Resident needed partial assistance from another person to complete activities. 3. <b>Dependent</b> - A helper completed the activities for the resident. 4. <b>Unknown</b> . 8. <b>Not Applicable</b> .	<table border="1"> <tr> <th colspan="2">Enter Codes in Boxes</th> </tr> <tr> <td><input type="checkbox"/></td> <td><b>A. Self-Care:</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>B. Indoor Mobility (Ambulation):</b> 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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>C. Stairs:</b> 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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>D. Functional Cognition:</b> 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.</td> </tr> </table>	Enter Codes in Boxes		<input type="checkbox"/>	<b>A. Self-Care:</b> 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>B. Indoor Mobility (Ambulation):</b> 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"/>	<b>C. Stairs:</b> 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"/>	<b>D. Functional Cognition:</b> 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.
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<input type="checkbox"/>	<b>D. Functional Cognition:</b> 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.										



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Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)											
GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury.											
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	<input type="checkbox"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.									
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<input type="checkbox"/>	<b>D. Functional Cognition:</b> 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.										

Larry had a stroke one year ago that resulted in their using a wheelchair to self-mobilize, as they were unable to walk.

- 3. Independent
- 2. Needed some help
- 1. Dependent
- 8. Unknown
- 9. Not applicable

Rationale-  
The resident did not ambulate prior to the current illness or exacerbation



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### GG0100 Prior Function

- 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



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Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)	
<b>GG0106. Prior Functioning: Everyday Activities</b> Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury.	
<b>Coding:</b> <b>1. Independent</b> - Resident completed the activities by themselves, with or without an assistive device, with no assistance from a helper. <b>2. Needed Some Help</b> - Resident needed partial assistance from another person to complete activities. <b>3. Dependent</b> - A helper completed the activities for the resident. <b>4. Unknown</b> <b>5. Not Applicable</b>	<b>Enter Codes to Items:</b> <b>A. Self-Care</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. <b>B. Indoor Mobility (Ambulation)</b> 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. <b>C. Stairs</b> 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. <b>D. Functional Cognitive</b> 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.

Frank lived with wife in an Assisted Living and hospitalized for surgery . His wife said that he needed complete assistance with self-care activities, including eating, bathing, dressing, and using the toilet

- 3. Independent
- 2. Needed some help
- 1. Dependent
- 8. Unknown
- 9. Not applicable

Rationale -  
 Dependent, his wife stated that he was dependent before surgery



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Prior Device Use: Medicare A

<b>GG0110. Prior Device Use.</b> 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



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<b>GG0110. Prior Device Use.</b> 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 checked="" type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input checked="" type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Mark is a diabetic, obese and has had an amputation of the right lower leg. Mark uses an electric wheelchair to move around the home and a walker to reach the shower every week.

Rationale:  
 Although the resident may not use a device every day, we need to code any devices that was used before the current illness, exacerbation or injury .



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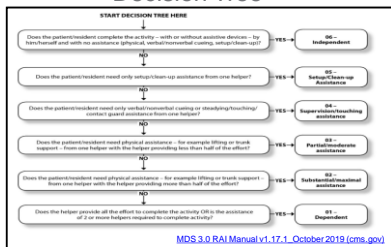
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### Decision Tree



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### Eating

- Eating is to assess the resident's ability to use suitable utensils to bring food and or liquids to mouth
- The administration of tube feedings and parenteral nutrition is not considered when coding this activity.
- 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 the resident eats finger foods using their hands, code only on the amount of assistance
- 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.



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Martha has generalized weakness and at the start of the meal, she can bring her food and liquids to her mouth. Martha tires easily and the nursing assistant must assist with more than half of the meal.

- A. Substantial –maximal assistance
- B. Partial-moderate assistance
- C. Dependent
- D. Set up or clean up

Rationale: Substantial to maximal assistance, the helper does more than 50% of the meal

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

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Mr. R has been living in long term care for 2 years. Last month he had a CVA and receives all nutrition through a gastrostomy tube, which is administered by the nurse

- A. Dependent
- B. 09 Not applicable
- C. 88 Not attempted due to medical condition
- D. Substantial-maximal

Rationale: The resident does not eat or drink by mouth currently due to their recent onset stroke. This item includes eating and drinking by mouth only. Since eating and drinking did not occur due to their recent-onset medical condition

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

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At night, the certified nursing assistant provides Resident K water and toothpaste to clean their dentures. Resident K cleans their upper denture plate. Resident K then cleans half of their lower denture plate, but states they are tired and unable to finish cleaning their lower denture plate. The certified nursing assistant finishes cleaning the lower denture plate and Resident K replaces the dentures in their mouth

- A. Set up or clean up
- B. Supervision
- C. Substantial-maximal
- D. Partial-moderate

Rationale - The helper provider less than half of the effort to complete oral hygiene

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

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### Toileting Hygiene

Managing perineal hygiene

- Performing perineal hygiene
- Managing clothing (including undergarments and incontinent products such as incontinent briefs or pads) before and after voiding or bowel movement.
- Adjust clothing relevant to the resident



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Resident J is morbidly obese and has a diagnosis of debility. They request the use of a bedpan when voiding or having bowel movements and require two certified nursing assistants to pull down their pants and underwear and mobilize them onto and off the bedpan. Resident J is unable to complete any of their perineal/perianal hygiene. Both certified nursing assistants help Resident J pull up their underwear and pants

- A. Substantial-maximal assist
- B. Partial –moderate
- C. Dependent
- D. Refused

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

Rationale: The assistance of two helpers was needed to complete the activity of toileting hygiene.



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### Shower / Bathe Self

Coding Tips

- Includes the ability to wash, rinse and dry the face, upper and lower body, perineal area and feet.
- Do not include washing rinsing and drying of back or hair.
- Does not include transferring
- Any location; including shower, bath, at the sink or in bed.
- If a resident completes bathing tasks only after the helper retrieves or sets up supplies, code set up or clean up



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Resident Z wears a bra and a sweatshirt most days while in the SNF. They require assistance from a certified nursing assistant to initiate the threading of their arms into their bra. Resident Z completes the placement of the bra over their chest. The helper hooks the bra clasps. Resident Z pulls the sweatshirt over their arms, head, and trunk. When undressing, Resident Z removes the sweatshirt, with the helper assisting them with one sleeve. Resident Z slides the bra off, once it has been unclasped by the helper.

- A. Set up or clean up
- B. Substantial-maximal
- C. Dependent
- D. Partial-moderate**

Rationale - The helper provides assistance with threading Resident Z's arms into their bra and hooking and unhooking their bra clasps and assistance with removing one sleeve of the sweatshirt. Resident Z performs more than half of the effort

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition



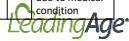
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<input type="checkbox"/>	<b>6. Shower/bathe self:</b> The ability to bathe self including washing, rinsing, and drying self includes: washing of back and hair. Does not include transferring in/out of tub/shower.
<input type="checkbox"/>	<b>7. Upper body dressing:</b> The ability to dress and undress above the waist, including fasteners, if applicable.
<input checked="" type="checkbox"/>	<b>8. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="checkbox"/>	<b>9. 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="checkbox"/>	<b>10. Personal hygiene:</b> The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/rinsing face and hands including baths, showers, and oral hygiene.

Mrs. R has peripheral neuropathy in her upper and lower extremities. Each morning, Mrs. R needs assistance from a helper to place her lower limb into, or to take it out of (don/doff), her lower limb prosthesis. She needs **no assistance to put on and** remove her underwear or slacks.

Rationale: A helper performs less than half the effort of lower body dressing (with a prosthesis considered a piece of clothing). The helper lifts, holds, or supports Mrs. R's trunk or limbs, but provides less than half the effort for the task of lower body dressing.

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition



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Footwear

**CMS**

**GG0130H: Putting On/Taking Off Footwear**

**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.

**Assessment Timing:**

**Admission:**

- Admission performance
- Discharge goal

**Discharge:**

- Discharge performance

**Putting On/Taking Off Footwear Inclusions and Exclusions for Coding:**

**Included:**

- Socks, wedges, or supportive devices that cover all or part of the foot, including socks, knee pads, and compression.
- Ankle foot orthosis (AFO), ankle braces, foot orthosis, orthopedic walking boots, compression stockings
- Footwear considered safe for mobility
- Management of fasteners

**Excluded:**

- Clothing items, or supportive devices that are considered for lower body dressing (such as an elastic bandage that only covers the lower leg)
- Use of prosthetic considered as a part of lower body dressing

**Coding Tip:**

The assessment of putting on/taking off footwear includes identifying the most appropriate to put on and take off socks and shoes or other footwear that are appropriate for safe mobility.



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### Coding Tips: Bed Mobility

- The activity includes resident transitions from lying on their back to sitting on the side of the bed without back support. The residents' ability to perform each of the tasks within this activity and how much support the residents require to complete the tasks within this activity is assessed.
- For item GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a "lying" position for a particular resident.
- Back support refers to an object or person providing support for the resident's back.
- If the qualified clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activities GG0170A, Roll left and right, GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, as 88, Not attempted due to medical condition or safety concern.



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<input type="checkbox"/>	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.
<input type="checkbox"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="checkbox"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.

- 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.



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Resident R has severe rheumatoid arthritis and uses forearm crutches to ambulate. The certified nursing assistant brings Resident R their crutches and helps them to stand at the side of the bed. The certified nursing assistant provides some lifting assistance to get Resident R to a standing position but provides less than half the effort to complete the activity

- A. Supervision
- B. Set up or clean up
- C. Substantial-maximal
- D. Partial-moderate**

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

Rationale: The helper provided lifting assistance and less than half the effort for the resident to complete the activity of sit to stand



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### Chair/Bed-to-Chair Transfer

- The activity begins with the patient sitting in a chair or wheelchair or sitting upright at the edge of the bed and returning to sitting in a chair, wheelchair, or sitting upright at the edge of the bed.
- If a mechanical lift is used to assist in transferring a patient or resident for a chair/bed-to-chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code **01**, **Dependent**, even if the patient or resident assists with any part of the chair/bed-to-chair transfer.



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<input type="checkbox"/>	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.
<input type="checkbox"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input checked="" type="checkbox"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.

The therapist supports Resident M's trunk with a gait belt by providing weight-bearing as Resident M pivots and lowers themselves onto the toilet.

Rationale -The helper provides less than half the effort to complete the activity. The helper provided weight-bearing assistance as the resident transferred on and off the toilet

06 Independent	01 Dependent
05 Supervision	07 Refused
04 Set up or clean up	09 Not applicable
03 Partial-moderate	10 Not attempted
02 Substantial-maximal	88 Not attempted due to medical condition



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<input type="checkbox"/>	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.
<input type="checkbox"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input checked="" type="checkbox"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.

Resident S is on bedrest due to a medical complication. They use a bedpan for bowel and bladder management

Rationale: The resident does not transfer onto or off a toilet due to being on bedrest because of a medical condition.

06 Independent	01 Dependent
05 Supervision	07 Refused
04 Set up or clean up	09 Not applicable
03 Partial-moderate	10 Not attempted
02 Substantial-maximal	88 Not attempted due to medical condition



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### Knowledge Check

Which of the following tasks are part of the toilet transfer activity? Select all that apply?

- Transferring onto a bedside commode
- Transferring onto a bedpan
- Managing clothing and undergarments
- Transferring off a toilet
- Performing perineal hygiene



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### Tub/Shower Transfers

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).



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### 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.
- 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.



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### Coding Tips for Car Transfer

- 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.



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### Coding Tips Car Transfer

- In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire assessment period, then use code 10, Not attempted due to environmental limitations.
- If at the time of the assessment the resident is unable to attempt car transfers and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, Not applicable.



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### Knowledge Check – Car Transfer

- They require lifting assistance from a helper to get from a seated position in the wheelchair to a standing position. The helper provides trunk support when the patient/resident takes several steps during the stand-pivot transfer as they turn their back towards the entrance of the car.
- The patient/resident lowers themselves into the car seat with steadying assistance from the helper.
- They lift their legs into the car with support from the helper.
- When exiting the car, the patient/resident requires the helper to lift their legs out of the car as they move their hips and trunk to place their feet on the ground. The helper must provide considerable lifting assistance as the patient/resident transfers out of the car to a standing position.



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- 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.

- Code 05 Set up or clean up
- Code 04 Supervision or touching assistance
- Code 03 Partial/moderate assistance
- Code 02. Substantial to maximal assistance

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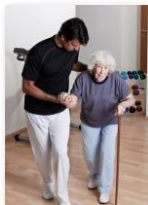
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### Coding Tips: Walking

- 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.



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### Coding Tips: Walking

- Walking activities do not need to occur during one session.
- Allowing a resident to rest between activities or completing activities at different times during the day or on different days may facilitate completion of the activities.
- Do not consider the resident's mobility performance when using parallel bars.



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### Tips for Picking Up and Object

- Includes bending and stooping from a standing position
- Resident must be in the standing position
- Assistive devices may be used
- If a resident is not able to stand, the activity did not occur

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Q3. Does the resident use a wheelchair or scooter?

0. No → Skip to H150, Appliances  
 1. Yes → Continue to Q02170, Wheel 50 feet with two turns.

R. Wheel 50 feet with two turns. Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.  
 R03. 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.  
 S03. Indicate the type of wheelchair or scooter used.  
 1. Manual  
 2. Motorized

If the resident used a wheelchair for self-mobilization prior to admission to the facility, indicate 1, Yes

If a wheelchair is used for transport purposes only, then code 0 no

Example: If 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.

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Q3. Does the resident use a wheelchair or scooter?

0. No → Skip to H150, Appliances  
 1. Yes → Continue to Q02170, Wheel 50 feet with two turns.

R. Wheel 50 feet with two turns. Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.  
 R03. 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.  
 S03. Indicate the type of wheelchair or scooter used.  
 1. Manual  
 2. Motorized

Wheel 150 feet: Resident G always uses a motorized scooter to mobilize themselves down the hallway and the certified nursing assistant provides cues due to safety issues (to avoid running into the walls).

Rationale: The helper provides verbal cues to complete the activity.

06	Independent	01	Dependent
05	Supervision	07	Refused
04	Set up or clean up	09	Not applicable
03	Partial-moderate	10	Not attempted
02	Substantial-maximal	88	Not attempted due to medical condition

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### Coding Correctly

- On-boarding competency
- Post test
- Periodic audits
- Agency competency test
- Integrate the CMS training videos into the facility educational platform
- Communicate the importance of accuracy.
- Competency completion for licensed nursing, nursing assistants and therapy.



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### Look Back Periods: Section GG

Type of Assessment	Look Back Period
OBRA Admission	The first three days based on A1600
Quarterly Assessment	The last 3 days of the 7 day look back period The ARD plus the 2 previous days
IPA Interim Payment Assessment	The last 3 days of the 7 day look back period The ARD plus the 2 previous days
5- day Assessment	The first 3 days based on A2400 B ( Start of Medicare Stay)
NPE Discharge Assessment	The last 3 days of the most recent Medicare stay Based on A2400C
OBRA Discharge Assessment	The last 3 days of the 7 day look back period The ARD plus the 2 previous days



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Look Back Periods:  
Section GG

Type of Assessment	Look Back Period
Admission & 5-day	The first 3 days based on A2400 B ( Start of Medicare Stay)
Quarterly & 5-day	The first 3 days based on A2400 B ( Start of Medicare Stay)
Annual & 5-day	The first 3 days based on A2400 B ( Start of Medicare Stay)
Significant change & 5-day	The first 3 days based on A2400 B ( Start of Medicare Stay)
OBRA Discharge & PPS Discharge Anticipated return Meets definition of NPE	The last 3 days of the most recent Medicare stay Based on A2400C
OBRA Discharge & PPS Discharge is NOT anticipated to return Meets definition of NPE	The last 3 days of the most recent Medicare stay Based on A2400C



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Clarification Note and Collaboration

<input type="checkbox"/>	<input type="checkbox"/>	J. Walk 50 feet with two turns. Once standing, the ability to walk at least 50 feet and make two turns.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	K. Walk 150 feet. Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<b>Nursing Assistant Documentation during the 3-day look back period</b>		

<input type="checkbox"/>	<input type="checkbox"/>	J. Walk 50 feet with two turns. Once standing, the ability to walk at least 50 feet and make two turns.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	K. Walk 150 feet. Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<b>Therapy initial evaluation and documentation with section GG</b>		



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Clarification Notes

- The Interdisciplinary team reviewed the documentation on the resident's usual functional status during the scheduled 3-day look back period.
- The resident is only ambulating in the parallel bars.
- The resident is not ambulating due to medical conditions and unsteady gait.
- Based on the review of the information the correct code for the three day look back period is 88.



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### Section GG Gap Analysis

**Table 8.8 Review the Gap Analysis**

Submit the GQ and with the following questions. Document responses under Facility Current Process. Fill the gaps and read the following results recommendations for each question. With the GQ, develop an Action Plan to address the issue. Review findings of Section GG. Assign a responsible person and Target Date to each Action Item. Share this Analysis with the QIP Committee and keep the Executive updated on progress.

Name of Facility	Date			
Question	Facility Current Process	Facility Action Plan	Person responsible	Target Date
Does the QIP understand the definition of Clinical Excellence for nursing Section GG?				
Are there any performance goals for Section GG under the QIP MDS?				
Where is the current documentation for Section GG located?				
Who is responsible for the data and how is it reviewed?				



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### Questions



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### References and Resources

- Centers for Medicare & Medicaid Services. IMPACT Act of 2014 Data Standardization & Cross Setting Measures. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures.html>
- Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual. Version 1.16. October, 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- Centers for Medicare & Medicaid Services: Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>



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### References and Resources

- Centers for Medicare & Medicaid Services. SNF Quality Reporting Program Data Submission Deadlines. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html>
- Centers for Medicare & Medicaid Services. MDS 3.0 Technical Information. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>



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