

# FUNCTIONAL ABILITIES (SECTION GG) - DISCHARGE/END OF SNF PPS PART A STAY

**STEPS FOR ASSESSMENT:** 1. Assess the resident's self-care and mobility status based on direct observation and direct care staff reports documented in the resident's medical record during the 3-day assessment period – the **last 3 days of the skilled stay ending on A2400C** (End date of most recent Medicare stay). 2. Complete when A0310H = 1 and A2400C minus A2400B is > 2 and A2105 is not = 04. 3. Allow resident to perform activities as independently as possible, as long as resident is safe. Activities may be completed with or without assistive device(s). 4. Code resident's **usual** performance. 5. If an activity was not attempted at the end of the SNF PPS stay, code the reason. 6. Consider only facility staff when scoring amount of assistance provided. A helper is a member of the staff or facility-contracted employee. Do not consider assistance provided by individuals that are not facility staff or facility-contracted which includes hospice staff, nursing or nursing assistant students.

<p style="text-align: center;"><b>CODING SAFETY AND QUALITY OF PERFORMANCE: (Code 01, 02, 03, 04, 05, or 06)</b></p> <p><b>06 – Independent</b> – Resident completes the activity by themselves with no assistance from a helper.</p> <p><b>05 – Setup or clean-up assistance</b> – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</p> <p><b>04 – Supervision or touching assistance</b> – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p><b>03 – Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p><b>02 – Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p><b>01 – Dependent</b> – Helper does ALL of the effort. Resident does none of the effort to complete the activity OR the assistance of 2 or more helpers is required for the resident to complete the activity.</p>	<p style="text-align: center;"><b>IF ACTIVITY WAS NOT ATTEMPTED, CODE REASON</b></p> <p><b>07 – Resident refused</b></p> <p><b>09 – Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury</p> <p><b>10 – Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</p> <p><b>88 – Not attempted due to medical condition or safety concerns</b></p>
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<b>GG0130: SELF-CARE</b>	<b>DATE:</b> _____	<b>DATE:</b> _____	<b>DATE:</b> _____
<b>USUAL PERFORMANCE &gt; SHIFT &gt;</b>	<b>2nd to Last Day of Stay</b>	<b>Day Before Discharge</b>	<b>Day of Discharge (A2400C or A2000)</b>
	1st	2nd	3rd
<b>A. EATING</b>			
<b>B. ORAL HYGIENE</b>			
<b>C. TOILETING HYGIENE</b>			
<b>E. SHOWER/BATHE SELF</b>			
<b>F. UPPER BODY DRESSING</b>			
<b>G. LOWER BODY DRESSING</b>			
<b>H. PUTTING ON/TAKING OFF FOOTWEAR</b>			
<b>I. PERSONAL HYGIENE</b>			
<b>Initials</b>			

<b>GG0130: SELF-CARE DEFINITIONS</b>	<b>SELF-CARE – Additional Comments</b>
<b>A. 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.	
<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.	
<b>C. 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.	
<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.	
<b>F. UPPER BODY DRESSING:</b> The ability to dress and undress above the waist; including fasteners, if applicable.	
<b>G. LOWER BODY DRESSING:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.	
<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.	
<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).	

NAME–Last	First	Middle	Attending Physician
Record No.			Room/Bed

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<b>GG0170: MOBILITY</b>		DATE: _____ 2nd to Last Day of Stay			DATE: _____ Day Before Discharge			DATE: _____ Day of Discharge (A2400C or A2000)		
USUAL PERFORMANCE > SHIFT >		1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
<b>A. ROLL LEFT AND RIGHT</b>										
<b>B. SITTING TO LYING</b>										
<b>C. LYING TO SITTING ON SIDE OF BED</b>										
<b>D. SIT TO STAND</b>										
<b>E. CHAIR/BED-TO-CHAIR TRANSFER</b>										
<b>F. TOILET TRANSFER</b>										
<b>FF. TUB/SHOWER TRANSFER</b>										
<b>G. CAR TRANSFER</b>										
<b>I. WALK 10 FEET</b>										
<b>J. WALK 50 FEET WITH TWO TURNS</b>										
<b>K. WALK 150 FEET</b>										
<b>L. WALKING 10 FT ON UNEVEN SURFACES</b>										
<b>M. 1 STEP (CURB)</b>										
<b>N. 4 STEPS</b>										
<b>O. 12 STEPS</b>										
<b>P. PICKING UP OBJECT</b>										
Enter Code <input type="checkbox"/>	<b>Q3. DOES THE RESIDENT USE A WHEELCHAIR AND/OR SCOOTER?</b> 0. No → Skip to H0100 – Appliances 1. Yes → Continue to GG0170R – Wheel 50 feet with two turns									
<b>R. WHEEL 50 FEET WITH TWO TURNS</b>										
<b>RR3.</b> Indicate the type of wheelchair/scooter used.										
<input type="radio"/> 1. Manual <input type="radio"/> 2. Motorized										
<b>S. WHEEL 150 FEET</b>										
<b>SS3.</b> Indicate the type of wheelchair or scooter used.										
<input type="radio"/> 1. Manual <input type="radio"/> 2. Motorized										
<b>Initials</b>										

<b>GG0170: MOBILITY DEFINITIONS</b>	<b>MOBILITY – Additional Comments</b>
<b>A. ROLL LEFT AND RIGHT:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.	
<b>B. SITTING TO LYING:</b> The ability to move from sitting on side of bed to lying flat on the bed.	

GG0170: MOBILITY DEFINITIONS		MOBILITY – Additional Comments			
<b>C. LYING TO SITTING ON SIDE OF BED:</b> The ability to move from lying on the back to sitting on the side of the bed and with no back support.					
<b>D. SIT TO STAND:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.					
<b>E. CHAIR/BED-TO-CHAIR TRANSFER:</b> The ability to transfer to and from a bed to a chair (or wheelchair).					
<b>F. TOILET TRANSFER:</b> The ability to get on and off a toilet or commode.					
<b>FF. TUB/SHOWER TRANSFER:</b> The ability to get in and out of a tub/shower.					
<b>G. CAR TRANSFER:</b> 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.					
<b>I. WALK 10 FEET:</b> 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).					
<b>J. WALK 50 FEET WITH TWO TURNS:</b> Once standing, the ability to walk at least 50 feet and make two turns.					
<b>K. WALK 150 FEET:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.					
<b>L. WALKING 10 FT ON UNEVEN SURFACES:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.					
<b>M. 1 STEP (CURB):</b> The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10 or 88 → Skip to GG0170P, Picking up object.					
<b>N. 4 STEPS:</b> The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10 or 88 → Skip to GG0170P, Picking up object.					
<b>O. 12 STEPS:</b> The ability to go up and down 12 steps with or without a rail.					
<b>P. PICKING UP OBJECT:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.					
Enter Code <input type="checkbox"/>	<b>Q3. DOES THE RESIDENT USE A WHEELCHAIR AND/OR SCOOTER?</b> 0. <b>No</b> → Skip to H0100 – Appliances 1. <b>Yes</b> → Continue to GG0170R – Wheel 50 feet with two turns				
<b>R. WHEEL 50 FEET WITH TWO TURNS:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.					
<b>RR3.</b> Indicate the type of wheelchair or scooter used. <input type="radio"/> 1. Manual <input type="radio"/> 2. Motorized					
<b>S. WHEEL 150 FEET:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.					
<b>SS3.</b> Indicate the type of wheelchair or scooter used. <input type="radio"/> 1. Manual <input type="radio"/> 2. Motorized					
INITIALS	PRINT NAME/TITLE	INITIALS	PRINT NAME/TITLE	INITIALS	PRINT NAME/TITLE

## SECTION GG Coding Algorithm/Decision Tree

