

Date:	Time:	Resident:	Doctor:	Room:
FUNCTIONAL ABILITIES AND GOALS (MDS SECTION GG): START OF PPS STAY SUPPORTING DOCUMENTATION				

CODING INSTRUCTIONS:

- Assessment period is days 1 through 3 of the SNF PPS Stay.
- *Code the resident's functional status based on an assessment of the resident's performance that occurs soon after the resident's admission.*
- *This assessment must be completed within 3 calendar days (days 1 through 3 of the Medicare Part A stay), starting with the most recent Medicare stay and the following two days, ending at 11:59 PM on day 3.*
- *The assessment should occur prior to the start of therapeutic intervention in order to capture the resident's true admission baseline status.*
- 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.*
- Assess the resident's self-care status based on direct observation, the resident's self-report, family reports, and direct care staff reports documented in the resident's medical record during the 3-day assessment period, which is days 1 through 3.
- Residents should be allowed to perform activities as independently as possible, as long as they are safe.

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 in discharge goals.**

CODE	<i>If resident's USUAL performance is...</i>	<i>If resident's discharge goal is...</i>
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: Do not use in discharge goals

07	Resident refused.
09	Not applicable- if the resident did not perform this activity prior to the current illness, exacerbation, or injury.
88	Not attempted due to medical condition or safety concerns. (Example: GTF only + NPO)

*"For the purposes of completing Section GG, a 'helper' is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff). Thus, does not include individuals hired, compensated or not, by individuals outside of the facility's management and administration such as hospice staff, nursing/certified nursing assistant students, etc." (RAI [MDS] Manual version 1.14 effective Oct 2016)

Facility: _____

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FUNCTIONAL ABILITIES AND GOALS (MDS SECTION GG): START OF PPS STAY SUPPORTING DOCUMENTATION			Assessment Period (Days 1-3 of SNF PPS Stay):	

1 st 3 days of Medicare			Discharge Goal <small>Do not code: 07, 88, 09</small>	SELF-CARE
Date	Date	Date		
↓ Enter codes in boxes ↓				
				A. Eating: 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.
				B. Oral hygiene: Ability to use suitable items to clean teeth. [Dentures: The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
				C. Toileting hygiene: Ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. [Ostomy: Include wiping the opening but not managing equipment.]

			Discharge Goal	MOBILITY
				B. Sit to lying: Ability to move from sitting on side of bed to lying flat on the bed.
				C. Lying to sitting on side of bed: 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: 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: Ability to safely transfer to and from a bed to a chair (or wheelchair).
				F. Toilet transfer: Ability to safely get on and off a toilet or commode.

			<input type="checkbox"/>	H1. Does the resident walk? 0. No, and walking goal is not clinically indicated. →Skip to Q1 1. No, and walking goal is clinically indicated. →Code the resident's discharge goal(s) for items J and K. 2. Yes. Continue to J
				J. Walk 50 feet with two turns: Once standing, ability to walk at least 50 feet and make two turns.
				K. Walk 150 feet: Once standing, ability to walk at least 150 feet in a corridor or similar space.
			<input type="checkbox"/>	Q1. Does the resident use a wheelchair/scooter? 0. No →END ASSESSMENT HERE IF RESPONSE IS NO. 1. Yes →Continue to R, 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.
			<input type="checkbox"/>	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.
			<input type="checkbox"/>	SS1. Indicate the type of wheelchair/scooter used. 1. Manual. 2. Motorized.

Signature(s)	Signature(s)	Signature(s)	Signature(s)	Date: ___/___/___	Notes:
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