

Facility:

Date:	Time:	Resident:	Doctor:	Room:
FUNCTIONAL ABILITIES AND GOALS (MDS SECTION GG): <b>DISCHARGE (End of SNF PPS Stay)</b> SUPPORTING DOCUMENTATION			Assessment Period (Last 3 days of SNF PPS Stay):	

Last 3 days of Medicare			SELF-CARE
Date	Date	Date	
↓ Enter codes in boxes ↓			<b>A. Eating:</b> 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>B. Oral hygiene:</b> 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.]
			<b>C. Toileting hygiene:</b> 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.]

			MOBILITY
			<b>B. Sit to lying:</b> Ability to move from sitting on side of bed to lying flat on the bed.
			<b>C. Lying to sitting on side of bed:</b> 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.
			<b>D. Sit to stand:</b> Ability to safely come to a standing position from sitting in a chair or on the side of the bed.
			<b>E. Chair/bed-to-chair transfer:</b> Ability to safely transfer to and from a bed to a chair (or wheelchair).
			<b>F. Toilet transfer:</b> Ability to safely get on and off a toilet or commode.
			<b>H3. Does the resident walk?</b> 0. No → Skip to Q3, Does the resident use a wheelchair/scooter? 2. Yes → Continue to J, Walk 50 feet with two turns
			<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>Q3. Does the resident use a wheelchair/scooter?</b> 0. No → END ASSESSMENT HERE IF RESPONSE IS NO. 1. Yes → Continue to R, Wheel 50 feet with two turns
			<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.
			<b>RR3. Indicate the type of wheelchair/scooter used.</b> 1. Manual. 2. Motorized.
			<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.
			<b>SS3. Indicate the type of wheelchair/scooter used.</b> 1. Manual. 2. Motorized.
Signature(s)	Signature(s)	Signature(s)	Notes:

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FUNCTIONAL ABILITIES AND GOALS (MDS SECTION GG): <b>DISCHARGE (End of SNF PPS Stay)</b> SUPPORTING DOCUMENTATION INSTRUCTIONS				

**CODING INSTRUCTIONS:**

- Assessment period is the last 3 days of the SNF PPS Stay.
- *Code the resident's functional status, based on an assessment of the resident's performance that occurs as close to the time of the resident's discharge as possible. The discharge function scores are to reflect the resident's discharge status and are to be based on an assessment.*
- *The assessment must be completed within the last 3 calendar days of the resident's stay, which includes the day of discharge and the two days prior to the day of discharge.*
- 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 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	If resident's USUAL performance at the end of the SNF PPS stay is...	
06	<b>Independent</b>	- Resident completes the activity by him/herself with <b>no assistance</b> from a helper
05	<b>Setup or clean-up assistance</b>	- Helper <b>SETS UP or CLEANS UP</b> ; resident completes activity. Helper assists only prior to or following the activity.
04	<b>Supervision or touching assistance</b>	- Helper provides <b>VERBAL CUES or TOUCHING/STEADYING</b> assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03	<b>Partial/moderate assistance</b>	- Helper does <b>LESS THAN HALF</b> the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02	<b>Substantial/maximal assistance</b>	- Helper does <b>MORE THAN HALF</b> the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01	<b>Dependent</b>	- <b>Helper does ALL</b> of the effort. Resident does none of the effort to complete the activity. <b>Or, the assistance of 2 or more helpers</b> is required for the resident to complete the activity.

**If activity was not attempted, code reason:**

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

\*"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)