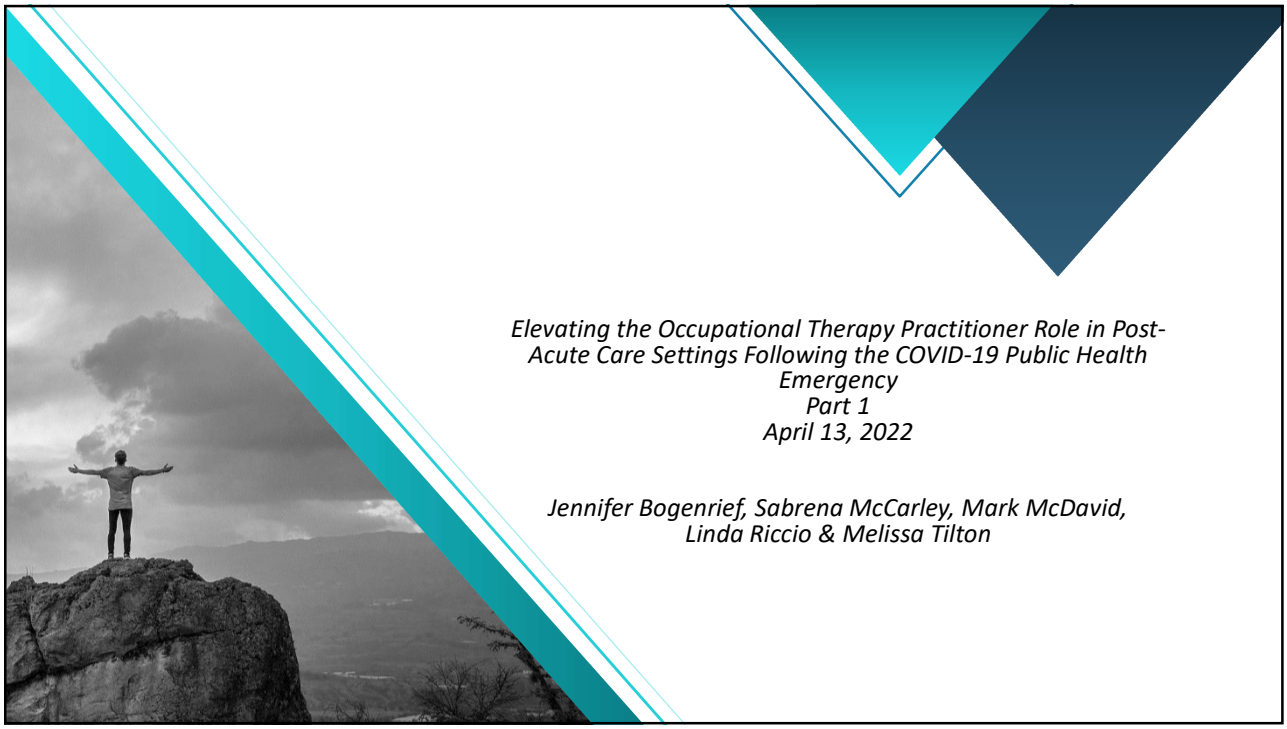
Elevating the Occupational Therapy Practitioner Role in Post-Acute Care Settings Following the COVID-19 Public Health Emergency
Part 1
April 13, 2022
Jennifer Bogenrief, Sabrena McCarley, Mark McDavid, Linda Riccio & Melissa Tilton

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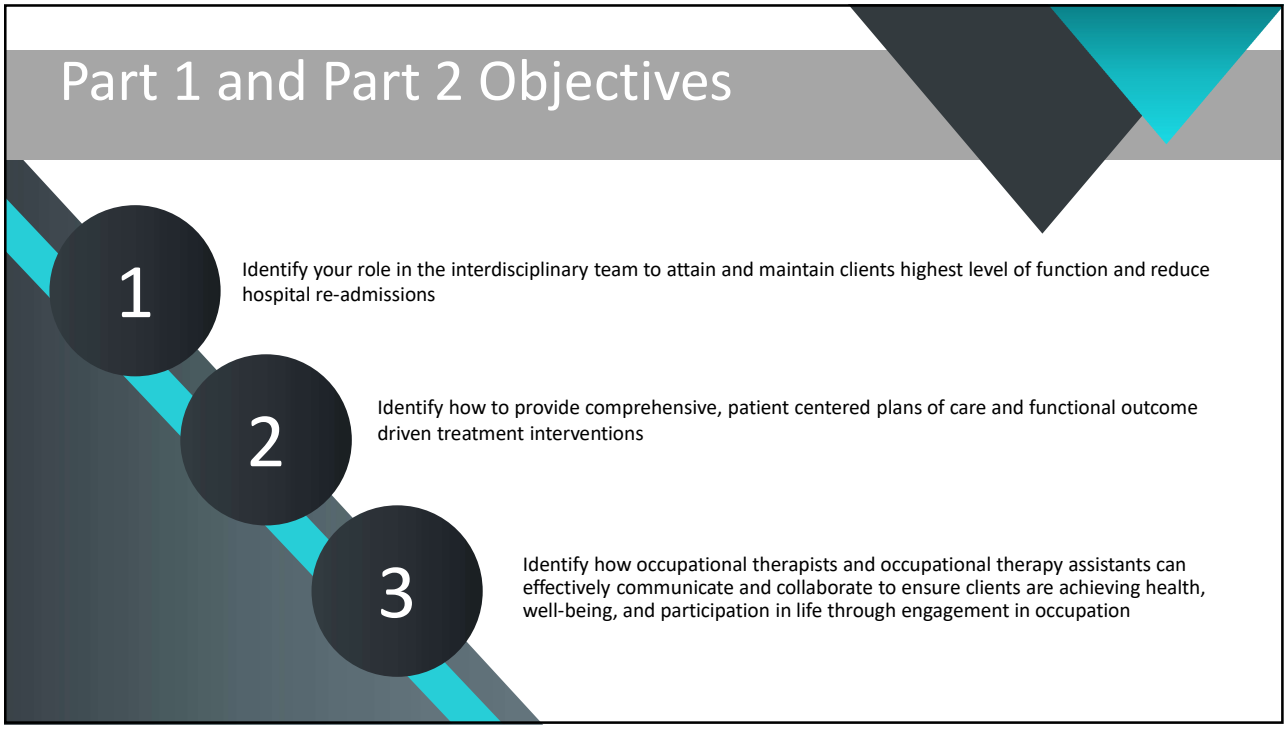
Part 1 and Part 2 Objectives
1
Identify your role in the interdisciplinary team to attain and maintain clients highest level of function and reduce hospital re-admissions
2
Identify how to provide comprehensive, patient centered plans of care and functional outcome driven treatment interventions
3
Identify how occupational therapists and occupational therapy assistants can effectively communicate and collaborate to ensure clients are achieving health, well-being, and participation in life through engagement in occupation

2

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Thank You

- *For your courage*
- *For your compassion*
- *For your dedication*
- *For your sacrifices*

5

You Are Essential

- OT practitioners recognized as essential by U.S. Dept. of Homeland Security on 3/19/20
- Caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists)

U.S. Department of Homeland Security
Cybersecurity & Infrastructure Security Agency
Office of the Director
Washington, DC 20528

CISA
CYBER+INFRASTRUCTURE

March 19, 2020

MEMORANDUM ON IDENTIFICATION OF ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS DURING COVID-19 RESPONSE

FROM: Christopher C. Krebs
Director
Cybersecurity and Infrastructure Security Agency (CISA)

As the Nation comes together to slow the spread of COVID-19, on March 16th, the President issued updated Coronavirus Guidance for America. This guidance states that:

"If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule."

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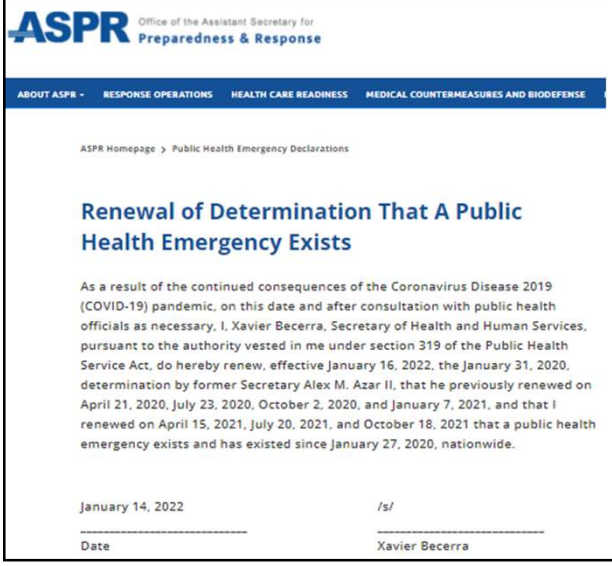
COVID-19 Public Health Emergency


ASPR Office of the Assistant Secretary for Preparedness & Response

ABOUT ASPR · RESPONSE OPERATIONS · HEALTH CARE READINESS · MEDICAL COUNTERMEASURES AND BIODEFENSE

ASPR Homepage > Public Health Emergency Declarations

Renewal of Determination That A Public Health Emergency Exists

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective January 16, 2022, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, July 20, 2021, and October 18, 2021 that a public health emergency exists and has existed since January 27, 2020, nationwide.

January 14, 2022 — Date

/s/ — Xavier Becerra

PHE flexibilities can help providers:

- PHE started 1/27/2020
- PHE renewed 1/16/2022
- PHE effective until 4/16/2022 unless renewed again
- CMS flexibilities started in 3/2020:
  - Telehealth, window visits
  - OTs can open home health cases
  - SNF 3-day hospital stay requirement
  - IRF 60%, 3-hour therapy rules

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Unwinding the PHE

- 3/3/22: HHS renews commitment to provide 60 days' notice to states before allowing PHE to expire
  - CMS Medicaid PHE Unwinding page
- 4/7/22: CMS Returning to Certain Pre-COVID-19 Policies in Long-term Care and Other Facilities | CMS
  - CCSQ memo: Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers (cms.gov)
- Monitor CMS announcements
  - Current emergencies | CMS

More to come…
watch for updates

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Occupational Therapy Skilled Intervention Re-Imagined

Past

What did skilled interventions look like pre-COVID?

Present

What does current skilled interventions look like?

Future

What ***can*** skilled occupational therapy interventions look like?

9

Interdisciplinary Team Collaboration- Inclusiveness

- Resident
- Resident family/caregivers
- Physician
- Pharmacist
- Case manager
- Nursing

- Occupational therapy practitioners
- Physical therapy practitioners
- Speech therapy practitioners
- Respiratory therapists
- Home health aide
- Restorative aide
- Wellness coordinator
- Athletic trainers

- Admissions
- Administrator/executive director
- Dietician
- Social services
- Psychologist
- Housekeeper
- Maintenance

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Interdisciplinary Team Collaboration- COVID-19 Barriers

Resident:

- Change in daily schedule/routine
- Change in visitation/outings/communication
- Change in caregivers/therapists
- Change in roommates
- Change in behavior/mood
- Change in function
- Change in medical condition/new medical diagnosis

Interdisciplinary Team:

- Change in staffing/schedules
- Change in behavior
- Change in how activities are delivered
- Change in how IDT communicates with resident/family
- Change in how therapy is delivered
- Change in how caregiver training is completed
- Change in how discharge planning is completed

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Interdisciplinary Team Collaboration- Solutions

- We learned that we are all focused on our residents
- We learned that our residents need us
- We learned that we are resilient and adaptable
- What else did we learn?
- What are some best practices?

IDT Solutions/Best Practices:

- Re-evaluate/re-establish meetings and meeting agendas
- Walking rounds
- Education/review of critical element pathways
- New admission review
- Change of condition/risk review and meetings
- Review of quality measures (i.e. CASPER)
- Review of resident concerns

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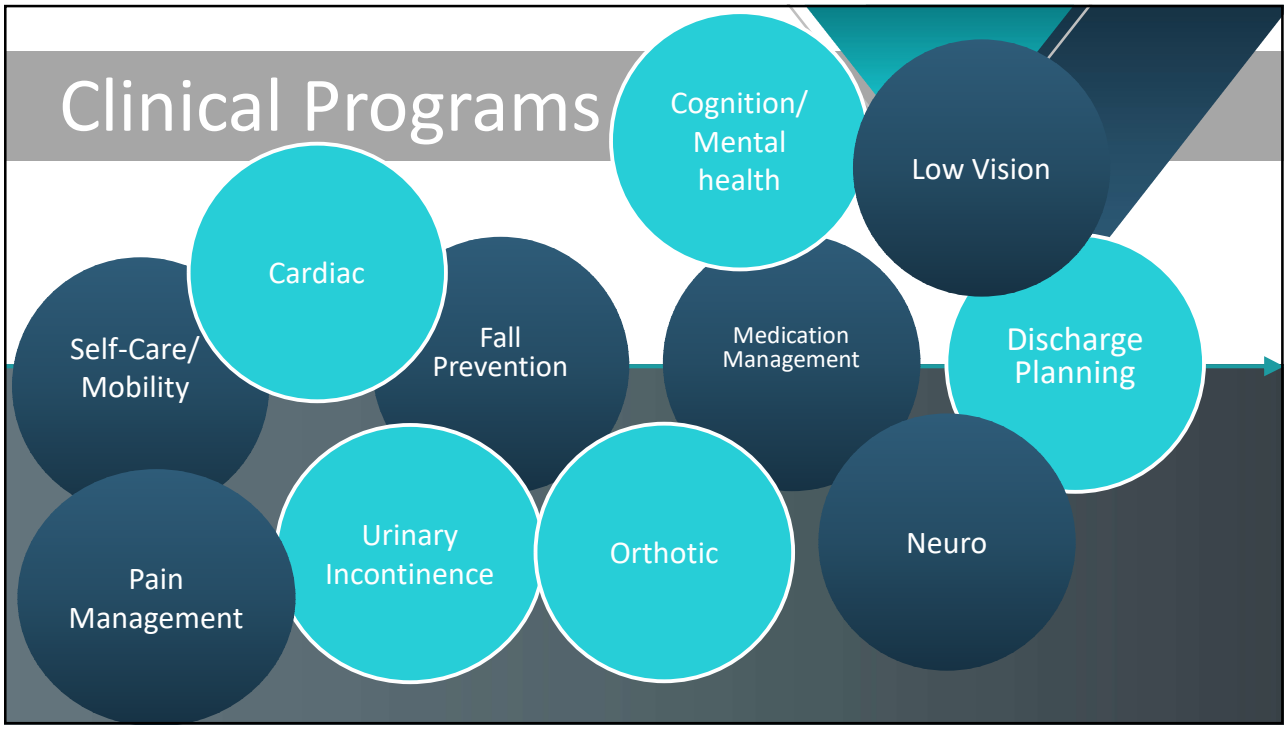
Clinical Programs
Cognition/ Mental health
Low Vision
Cardiac
Self-Care/ Mobility
Fall Prevention
Medication Management
Discharge Planning
Pain Management
Urinary Incontinence
Orthotic
Neuro

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Comprehensive Plans of Care-
Going Beyond the Reason for Referral…..
Observe the resident
Listen to the resident/family/caregivers
Review medical record
Review medication list
Assess the resident….go beyond the reason for referral (i.e. primary medical diagnosis)
Utilize standardize tests and measures
Expand the tools in our tool boxes
Demonstrate the distinct value of OT

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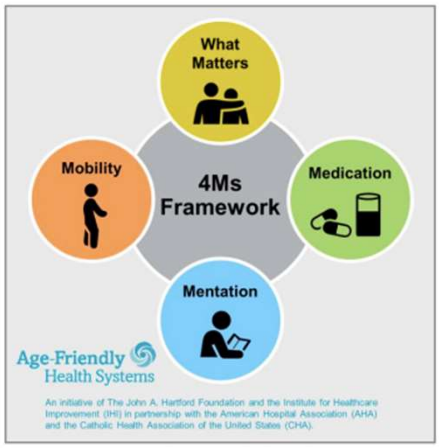
Comprehensive Plans of Care

Figure 1. 4Ms Framework of an Age-Friendly Health System



What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

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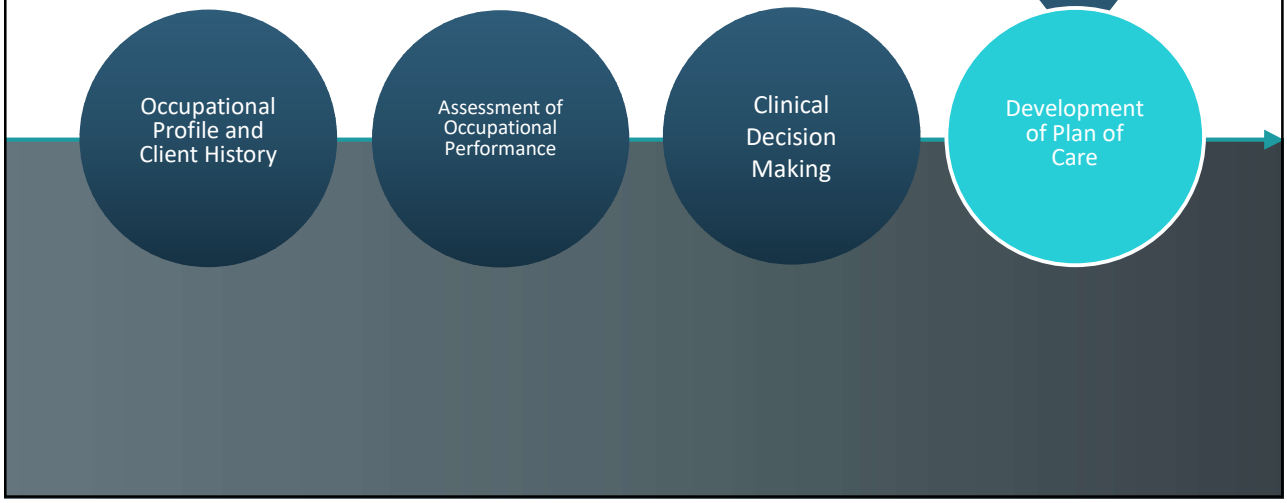
Occupational therapy evaluations include the following components



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Definitions

Performance Deficits

Performance deficits refer to the inability to complete activities due to the lack of skills in one or more of the categories below (ie, relating to physical, cognitive, or psychosocial skills):

Physical Skills

Physical skills refer to impairments of body structure or body function (eg, balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).

Cognitive Skills

Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when: (1) a person attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.

Psychosocial Skills

Psychosocial skills refer to interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.

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Comprehensive Plan of Care

97165	Occupational therapy evaluation, **low** complexity, requiring these components: • An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; • An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, **moderate** complexity, requiring these components: • An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; • An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97167	Occupational therapy evaluation, **high** complexity, requiring these components: • An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; • An assessment(s) that identify 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • A clinical decision-making is of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	**Reevaluation** of occupational therapy established plan of care, requiring these components: • An assessment of changes in patient functional or medical status with revised plan of care; • An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and • A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

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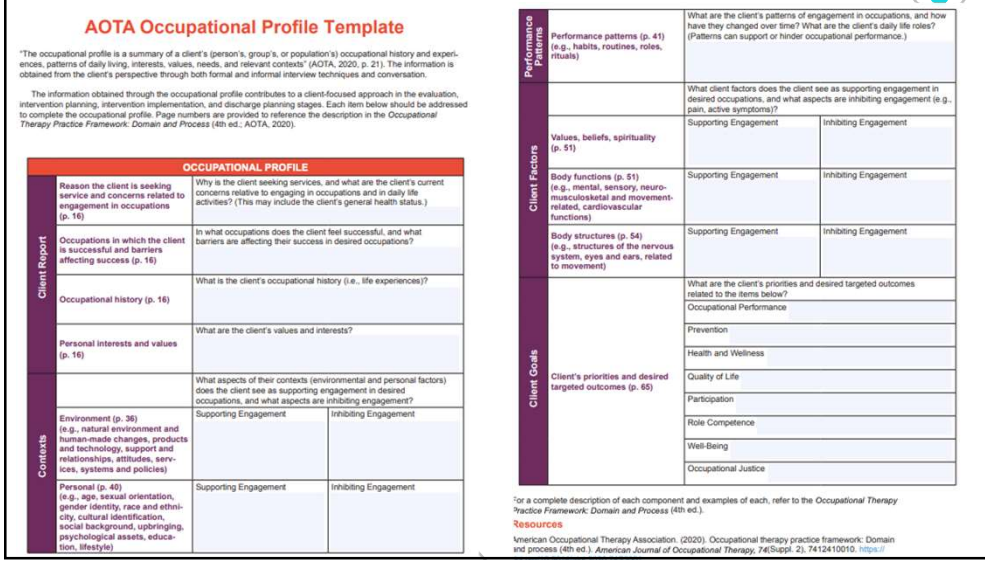
Occupational Profile



AOTA Occupational Profile Template

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference the description in the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020).

OCCUPATIONAL PROFILE			
Client Report	Reason the client is seeking service and concerns related to engagement in occupations (p. 16)	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)	
	Occupations in which the client is successful and barriers affecting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?	
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)?	
	Personal interests and values (p. 16)	What are the client's values and interests?	
Contexts		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies)	Supporting Engagement	Inhibiting Engagement
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle)	Supporting Engagement	Inhibiting Engagement

Performance Patterns	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
Client Factors		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?	
	Values, beliefs, spirituality (p. 51)	Supporting Engagement	Inhibiting Engagement
	Body functions (p. 51) (e.g., mental, sensory, neuromusculoskeletal and movement-related, cardiovascular functions)	Supporting Engagement	Inhibiting Engagement
	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement)	Supporting Engagement	Inhibiting Engagement
Client Goals	Client's priorities and desired targeted outcomes (p. 65)	What are the client's priorities and desired targeted outcomes related to the items below?	
		Occupational Performance	
		Prevention	
		Health and Wellness	
		Quality of Life	
		Participation	
		Role Competence	
		Well-Being	
		Occupational Justice	

[2]For a complete description of each component and examples of each, refer to the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.).

Resources

[1]American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. https://

https://www.aota.org/~/media/Corporate/Files/Practice/Manage/Documentation/AOTA-Occupational-Profile-Template.pdf

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Assessments

- Pain Assessments (i.e. Wong Baker Faces)
- Katz ADL Index
- Modified Barthel ADL Index
- Timed Up and Go (TUG)
- Berg Balance Scale
- The St. Louis University Mental Status Exam (SLUMS)
- The Routine Task Inventory (RTI)
- Geriatric Depression Scale
- Generalized Anxiety Disorder (GAD-7)
- Global Deterioration Scale
- Allen Cognitive Level (ACL)
- Perceived Stress Scale (PSS-10)
- The Delirium Rating Scale (DRS)3
- Brief Trauma Questionnaire
- Trauma Checklist
- Trauma Screening Questionnaire (TSQ)
- Occupational Profile of Sleep
- Medi-Cog

**not an inclusive list*

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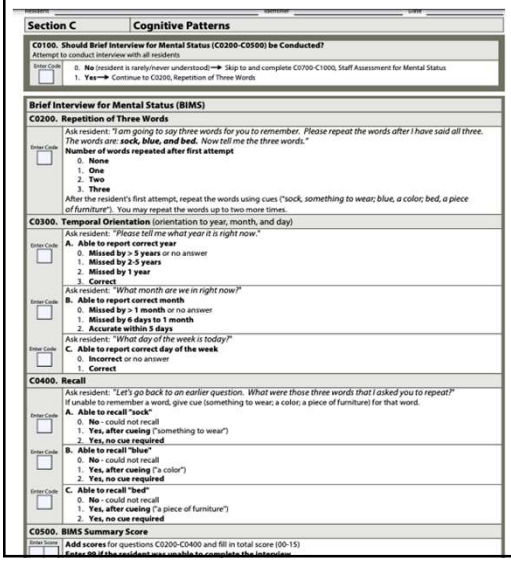
Brief Interview for Mental Status-BIMS



Section C — Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt to conduct interview with all residents
0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
1. **Yes** → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words
Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed.*** *Now tell me the three words."*
Number of words repeated after first attempt
0. **None**
1. **One**
2. **Two**
3. **Three**
After the resident's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)
Ask resident: *"Please tell me what year it is right now."*
A. Able to report correct year
0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**
Ask resident: *"What month are we in right now?"*
B. Able to report correct month
0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**
Ask resident: *"What day of the week is today?"*
C. Able to report correct day of the week
0. **Incorrect** or no answer
1. **Correct**

C0400. Recall
Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"*
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
A. Able to recall "sock"
0. **No** - could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**
B. Able to recall "blue"
0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**
C. Able to recall "bed"
0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

C0500. BIMS Summary Score
Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter 99 if the resident was unable to complete the interview

BIMS score	Interpretation
0 - 7	Severe cognitive impact
8 - 12	Moderate impairment
13 - 15	Intact cognitive response

https://www.youtube.com/watch?v=qv-RhrFQoWE

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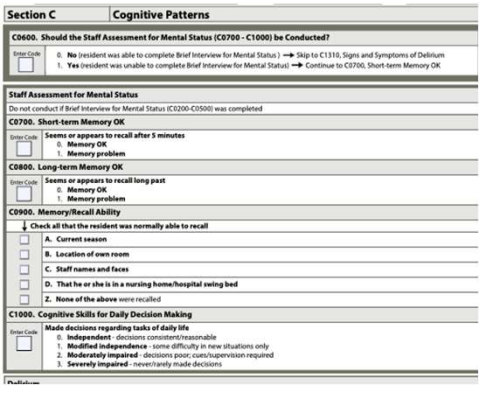
Staff Assessment of Mental Status



Section C — Cognitive Patterns

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?
0. **No** (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium
1. **Yes** (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK

Staff Assessment for Mental Status
Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed

C0700. Short-term Memory OK
Seems or appears to recall after 5 minutes
0. **Memory OK**
1. **Memory problem**

C0800. Long-term Memory OK
Seems or appears to recall long past
0. **Memory OK**
1. **Memory problem**

C0900. Memory/Recall Ability
Check all that the resident was normally able to recall
- **A. Current season**
- **B. Location of own room**
- **C. Staff names and faces**
- **D. That he or she is in a nursing home/hospital swing bed**
- **Z. None of the above** were recalled

C1000. Cognitive Skills for Daily Decision Making
Made decisions regarding tasks of daily life
0. **Independent** - decisions consistent/reasonable
1. **Modified Independence** - some difficulty in new situations only
2. **Moderately Impaired** - decisions poor; cues/supervision required
3. **Severely Impaired** - never/rarely made decisions

https://www.youtube.com/watch?v=qv-RhrFQoWE

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Patient Health Questionnaire-9 (PHQ-9)

Section D | **Mood**

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code
0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: *"About **how often** have you been bothered by this?"*
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. **Symptom Frequency**
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

D0300. Total Severity Score

Enter Score ☐☐ **Add scores for all frequency responses in Column 2,** Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code ☐ **Was responsible staff or provider informed that there is a potential for resident self harm?**
0. **No**
1. **Yes**

Score	Depression Severity
0 - 4	None – Minimal
5 - 9	Mild
10 - 14	Moderate
15 - 19	Moderately Severe
20 - 27	Severe

https://www.youtube.com/watch?v=JptbtIR5tFA

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Staff Assessment of Resident Mood (PHQ-9-0V)

Section D | **Mood**

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)
Do not conduct if Resident Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. **Symptom Presence**
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)

2. **Symptom Frequency**
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. **Little interest or pleasure in doing things**	☐	☐
B. **Feeling or appearing down, depressed, or hopeless**	☐	☐
C. **Trouble falling or staying asleep, or sleeping too much**	☐	☐
D. **Feeling tired or having little energy**	☐	☐
E. **Poor appetite or overeating**	☐	☐
F. **Indicating that s/he feels bad about self, is a failure, or has let self or family down**	☐	☐
G. **Trouble concentrating on things, such as reading the newspaper or watching television**	☐	☐
H. **Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual**	☐	☐
I. **States that life isn't worth living, wishes for death, or attempts to harm self**	☐	☐
J. **Being short-tempered, easily annoyed**	☐	☐

D0600. Total Severity Score

Enter Score ☐☐ **Add scores for all frequency responses in Column 2,** Symptom Frequency. Total score must be between 00 and 30.

D0650. Safety Notification - Complete only if D0500I1 = 1 indicating possibility of resident self harm

Enter Code ☐ **Was responsible staff or provider informed that there is a potential for resident self harm?**
0. **No**
1. **Yes**

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Archive-Draft-of-the-MDS-30-Nursing-Home-Comprehensive-NC-Version-1140.pdf

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MDS Section GG: Self-Care & Mobility

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/CGA assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

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MDS Section GG: Self-Care & Mobility

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 OR 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.

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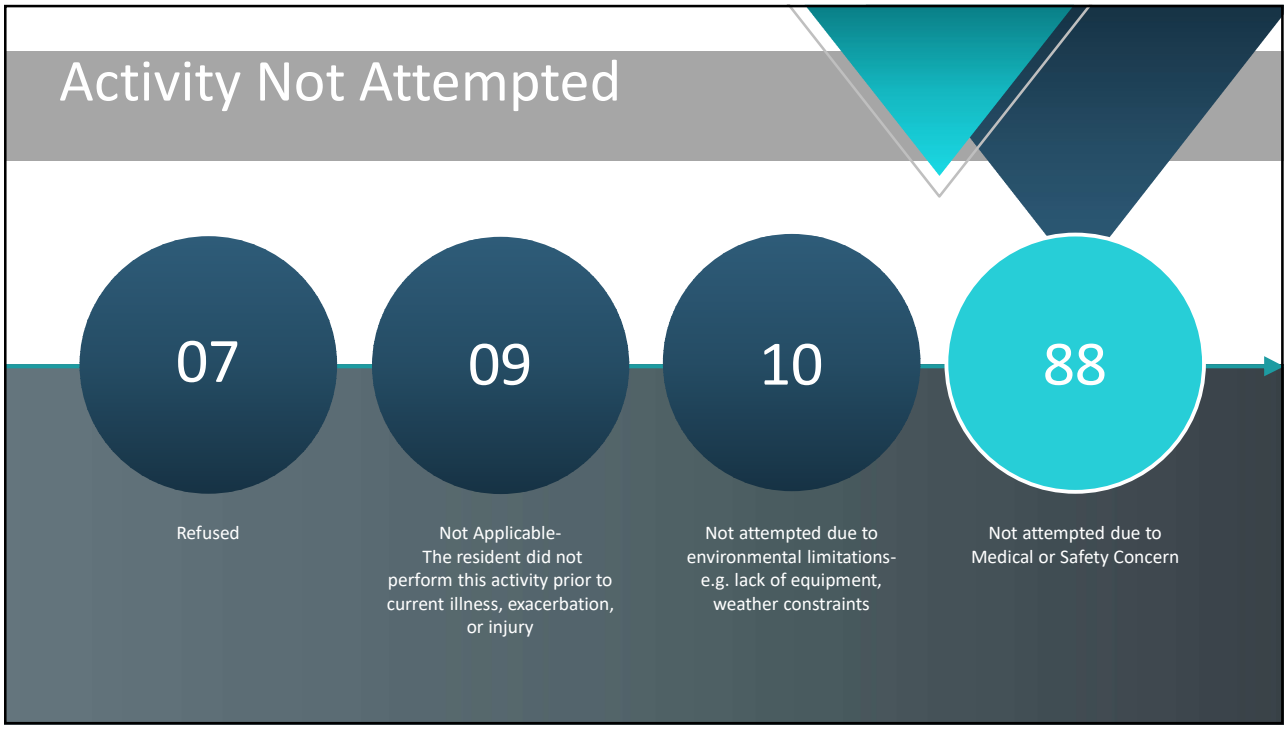
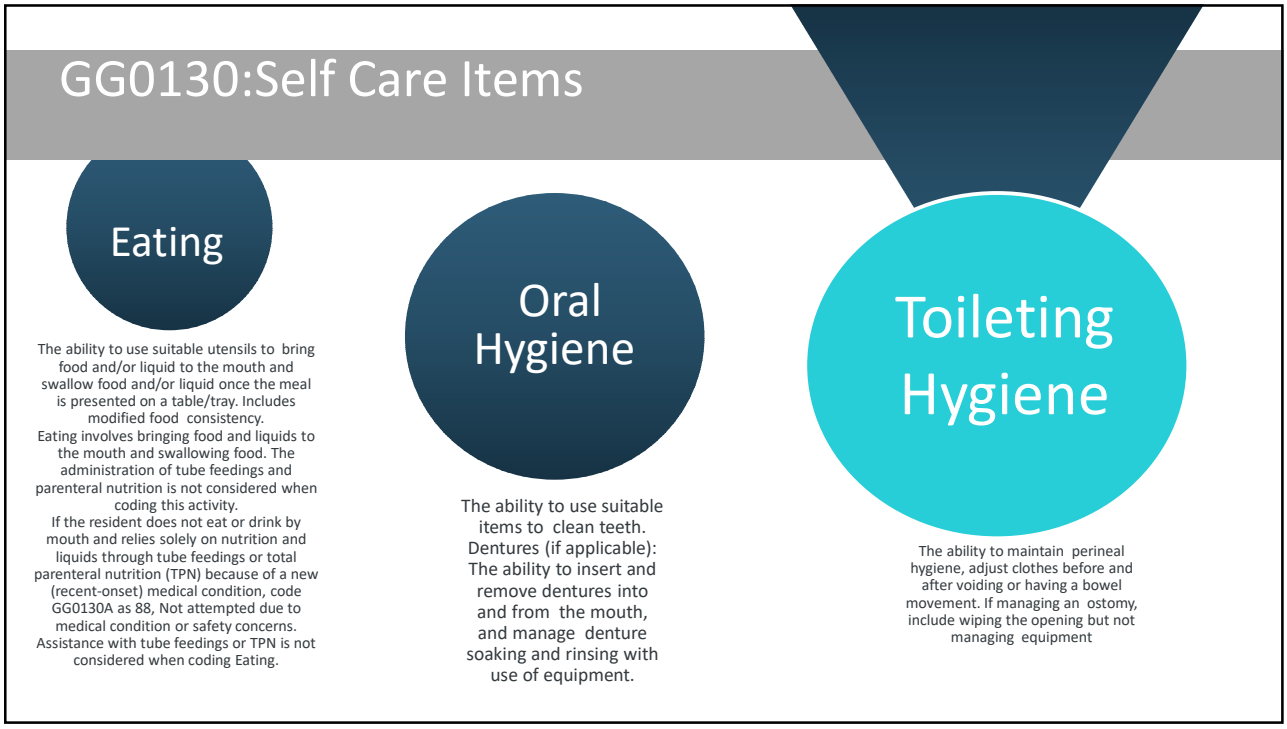

Activity Not Attempted
07
Refused
09
Not Applicable- The resident did not perform this activity prior to current illness, exacerbation, or injury
10
Not attempted due to environmental limitations- e.g. lack of equipment, weather constraints
88
Not attempted due to Medical or Safety Concern

27


GG0130:Self Care Items
Eating
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 presented on a table/tray. Includes modified food consistency.
Eating involves bringing food and liquids to the mouth and swallowing food. The administration of tube feedings and parenteral nutrition is not considered when coding this activity.
If the resident does not eat or drink by mouth and relies solely on nutrition and liquids through tube feedings or total parenteral nutrition (TPN) because of a new (recent-onset) medical condition, code GG0130A as 88, Not attempted due to medical condition or safety concerns. Assistance with tube feedings or TPN is not considered when coding Eating.
Oral Hygiene
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.
Toileting Hygiene
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

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GG0130:Self Care Items
Shower/bathe self
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.
Upper Body Dressing
The ability to dress and undress above the waist; including fasteners, if applicable.
Lower Body Dressing
The ability to dress and undress below the waist, including fasteners; does not include 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.

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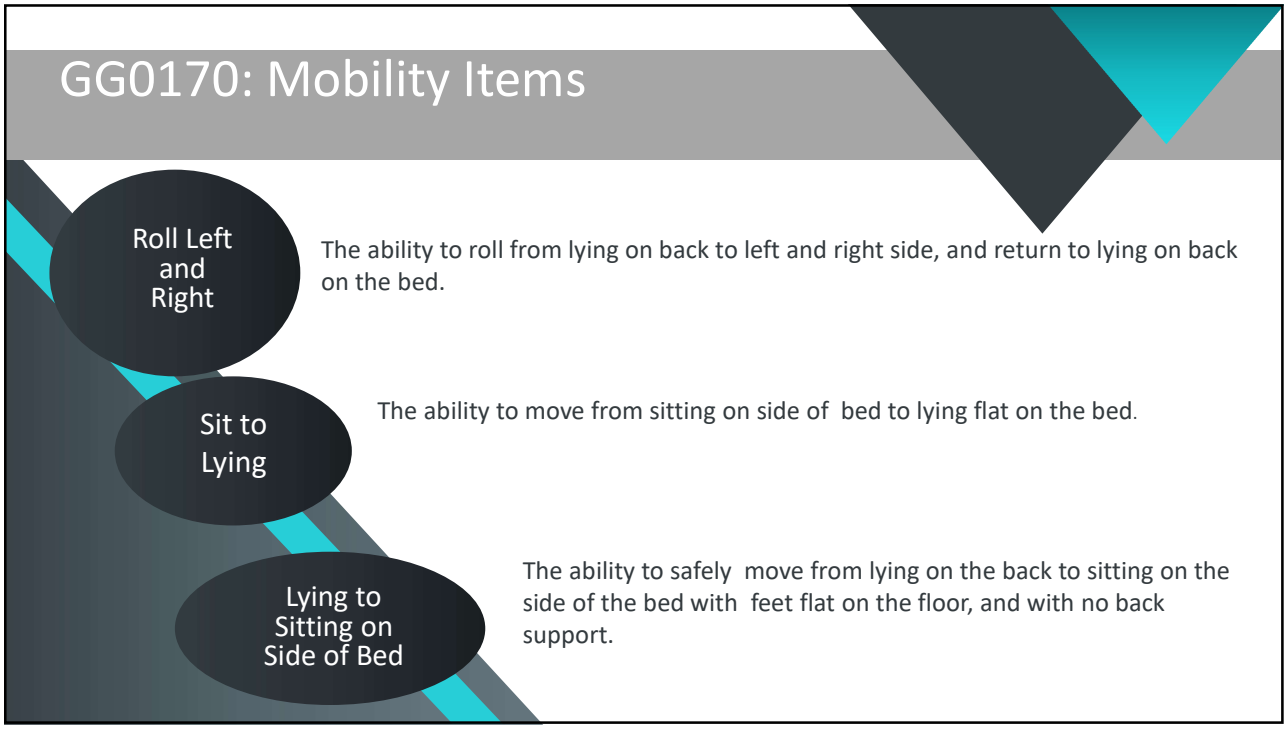
GG0170: Mobility Items
Roll Left and Right
The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
Sit to Lying
The ability to move from sitting on side of bed to lying flat on the bed.
Lying to Sitting on Side of Bed
The ability to safely move from lying 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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GG0170: Mobility Items

Sit to Stand
The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

Chair/Bed to Chair Transfer
The ability to safely transfer to and from a bed to a chair (or wheelchair).

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

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GG0170: Mobility Items

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.

Walk 10 Feet
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).

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

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GG0170: Mobility Items

Walk 150 Feet

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

Walking 10 feet on uneven surface

The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

1 Step (Curb)

The ability to go up and down a curb and/or up and down one step. (skip pattern per CMS)

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GG0170: Mobility Items

4 Steps

The ability to go up and down four steps with or without a rail.

12 Steps

The ability to go up and down 12 steps with or without a rail.

Picking up object

The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

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MDS Section GG: Self-Care & Mobility

Does the resident use a wheelchair/scooter?

0.No -Skip to H0100, Appliances
1.Yes - Continue to GG0170R, Wheel 50 feet with two turns

Wheel 50 feet with two turns

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

Wheel 150 feet

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

Indicate the type of wheelchair or scooter used:
1.Manual
2.Motorized

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