

Section GG

25 questions

1. GG0130I - Personal Hygiene - While in the bathroom, the resident retrieved a face cloth from the towel rack and removed their personal hygiene items (comb, razor, and shaving cream) from their toiletry bag. The resident was able to wash and dry their face and hands but complained of arm fatigue after combing their hair. The resident started to shave but required verbal cueing and steadying assistance of the resident's arm due to upper arm weakness. After completing these personal hygiene tasks, the CNA returned the resident's personal care items to the toiletry bag and cleaned out the sink. The resident requires this level of assistance each day for the next 3 days. How would you code GG0130I? (Single choice) *

06 Independent

04 Supervision or touching assist

02 Substantial/maximal assistance

09 Not applicable

2. GG0130I - Personal Hygiene - You ask the CNA the following: "Can you please describe how the resident washes and dries their face and hands, applies makeup and grooms their hair in the morning?" The CNA responds with: "They can wash up once I set up a basin and the towels, but I usually have to make sure their face is dried. I also always have to brush their hair and apply makeup each day. Although they do attempt to do this, it is never complete. I usually put everything away when we're done." How would you code GG0130I? (Single choice) *

06 Independent

04 Supervision or touching assist

02 Substantial/maximal assistance

09 Not applicable

3. GG0170FF - Tub/shower transfer. A month after the resident was admitted, the resident's family notified the facility that they are moving out of state and have found another facility for the resident near them so that they could continue to visit frequently. 3 days before discharge, the CNA reported to the discharging nurse that the resident was able to independently sit on the side of the tub bench and swing both legs into and out of the tub and position themselves in the center of the bench. The CNA assisted by setting up the tub bench and bath supplies. After bathing was complete, the resident was able to lift both legs out of the tub, put on a robe, and leave the bathroom. The CNA cleaned up the bath area and removed the tub bench. No other tub or shower transfers occurred during the observation period. How would you code GG0170FF? (Single choice) *

06 Independent

05 Setup or clean-up assistance

02 Substantial/maximal assistance

09 Not applicable

4. GG0170FF - Tub/shower transfer. During the last 3 days of the observation period for a resident's Quarterly assessment, the resident was scheduled for a shower. The assessing nurse asked the resident's primary CNA if they can describe how the resident usually transfers in and out of the shower. The CNA responds, "The resident can walk to the shower room using their walker, but I have to be nearby because sometimes they walk too fast, and I have to remind them to slow down. Once there, they can disrobe and enter the shower. I place the face cloth and soap on the shelf in the shower for them. To transfer into the shower, they use their walker. The resident then sits on the shower bench and is able to wash their body. Once they finish, they are able to stand up using their walker, put a towel on, and walk out of the shower. They pull the cord for me to come back to help them dry off, put their robe back on, and walk back to their room." How would you code GG0170FF? (Single choice) *

06 Independent

05 Setup or clean-up assistance

02 Substantial/maximal assistance

09 Not applicable

5. GG0170FF - Tub/shower transfer. On the first day of the Admission assessment period, a resident required assistance with a tub transfer. One CNA provided steadying assistance as the resident slowly sat on the side of the tub bench. Once seated, the resident was able to lift one leg at a time into the tub and position themselves in the center of the bench. After bathing was complete, the resident was able to lift both legs out of the tub and the CNA provided steadying assistance as the resident stood up. On Day 3 of the assessment period, the CNA provided contact guard assistance for the resident as they sat on the tub bench and positioned themselves. The resident was able to swing both legs into and out of the tub and was provided with contact guard assistance to stand up. No other tub or shower transfers occurred during the observation period. How would you code GG0170FF? (Single choice) *

06 Independent

04 Supervision or touching assist

02 Substantial/maximal assistance

09 Not applicable

6. What would be the coding for a resident that the helper does more than half the effort? (Single choice) *

06 Independent

04 Supervision or touching assist

02 Substantial/maximal assistance

09 Not applicable

7. GG0170FF – Tub/shower transfer. Tub/shower transfers involve the ability to _____? (Single choice) *

Get into and out of the tub or shower

Washing, rinsing, drying self

Other bathing activities

All the above

8. How many days is the assessment period for section GG? (Single choice) *

3 days

GG0130/GG0170

5 days

7 days

14 days

9. For a stand-alone OBRA (other than admission) and IPA, when is the look back period for completing column 5? (Single choice) *

The first 3 days of the residents stay

The ARD plus 2 previous days

Not applicable

The last 3 days of the residents stay

10. Completion of section GG does not need to take place within the three day window, however, the data/information coded does? (Single choice)

True

False

11. Section GG requires us to code the residents _____? (Single choice) *

Most commonly coded per the CNAs charting

Best performance

Worst performance

Usual performance

12. Personal hygiene involves the ability to maintain _____? (Single choice) *

Oral hygiene

Combing hair

Shaving

Washing/drying face and hands

B, C, and D

13. What team members are to be involved in GG information gathering? (Single choice) *

Rehab

CNA

Nurse

MDS

All the above

14. When coding section GG it is best to? (Single choice) *

Review documentation from each shift

Capture their performance after having received therapy services

Use an interdisciplinary approach

Observe the resident

Talk with the resident, family, clinicians, and others

All the above except B

15. True or False - It is not necessary to document the rationale as to why the IDT coded section GG a certain way? (Single choice) *

True

False

16. What consideration should be taken when assessing a resident's prior function and prior device use for GG0100 and GG0110? (Single choice) *

The patient's/resident's current performance with activities and devices used.

The patient's/resident's potential for improvement, stabilization, or decline.

The patient's/resident's function and device use prior to the current illness, exacerbation, or injury.

17. A resident was admitted to a PAC care setting after experiencing a stroke. Prior to the stroke, they used a cane to walk from room to room. In the morning, the patient/resident's spouse would provide steadying assistance to them when they walked from room to room because of joint stiffness and severe arthritis pain. Occasionally, the resident required steadying assistance during the day when walking from room to room. How would you code GG0100B - Indoor mobility? (Single choice) *

Code 3, Independent.

Code 2, Needed Some Help.

Code 1, Dependent.

18. GG0130A Eating. A resident that takes fluids only by mouth should be coded within GG0130A as? (Single choice) *

Not applicable because they are not eating

Their ability to bring liquid to the mouth and swallow liquid once the drink is placed in front of the resident

19. GG0130C Toilet Hygiene. Toileting hygiene coding is based upon the residents ability to? (Single choice) *

Managing perineal cleansing before and after use of toilet, commode, bed pan, or urinal

Wiping the opening of the ostomy or colostomy bag

Adjusting clothing relevant to the individual resident

All the above

20. GG0170A Roll Left and Right. If the resident doesn't sleep in bed, how would section GG0170A be coded? (Single choice) *

Code 09, not applicable

Assess using the alternative furniture that the resident sleeps on

Code 10 not attempted due to environmental limitations

21. GG0170D Sit to Stand. The resident is a full-body mechanical lift to assist in transferring a resident from a chair/bed to chair transfer. What code would be used? (Single choice) *

01 Dependent

02 Substantial/maximal assist

Activity not attempted code

06 Independent

22. GG1070G Car Transfer. Car transfer includes? (Single choice)

Getting to or from the vehicle

Opening/closing the car door

Fastening/unfastening the seat belt

Their ability to transfer in and out of a car/van on the passenger side

23. The resident did not receive a bath/shower because the resident did not attempt the activity and the helper doesn't complete the activity for the resident during the entire assessment period, How would GG0130E Shower/bathe self be coded? (Single choice)

Dash (-)

Activity not attempted codes (07, 09, 10, or 88)

06 Independent

Skip (^)

24. If the resident did not receive a bath/shower because they were not scheduled for one during the entire assessment period, how would GG0130E Shower/bathe self be coded? (Single choice)

Dash (-)

Activity not attempted codes (07, 09, 10, or 88)

06 Independent

Skip (^)

25. For a resident that has an unplanned discharge and the IDT has no information to be able to code section GG, section GG items must be? (Single choice)

Dashed (-)

Left blank

Guess and code

Code activity not attempted codes (07, 09, 10, or 88)

Questions from chat:

1. Couldn't one argue that the bath/shower wasn't attempted d/t environmental limitations? The environmental limitations being that they were not on the schedule during the 3-day look back.

The RAI manual describes environmental issue examples as lack of equipment and weather restraints. I am not sure how omission of scheduling a bath would be an environmental issue.

2. Can we code from therapy if they attempted bath/shower etc.?

Per the RAI: Documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations. If your facility utilizes therapy for assessments, just ensure they are familiar with the definitions of each item as it may be a different meaning in therapy.

3. Does a full bed bath or wash at sink count?

Assessment of Shower/bathe self can take place in any location including a shower or bath or at a sink or in bed (i.e., full body sponge bath). Bathing can be assessed with the resident seated on a tub bench.

4. Does washing up at the sink count as a tub/shower transfer?

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.

5. Could you take the resident to the shower/bath and have them transfer to see how they do it but not give them a bath?

If you are looking to code just GG0170FF, I don't see why not as this item is purely how they get into and out of the tub or shower.

6. We don't have a problem with coding the admit bath, but we are seeing the issue with the PPS discharge.

Thank you for sharing. It takes a joint effort to get all the tasks done and done timely.

7. If you interview resident and code shower/tub transfer then aren't you saying they got a shower in the 3-day look back when they did not?

Tub/shower transfer in GG0170FF is only looking at how they get into and out of the tub/shower. Maybe for instance in #5 above they are just looking at the transfer itself and not giving a bath. GG0130E is the coding of the ability to bathe self (not transfer).

8. Dashing items in GG affect APU?

See <https://www.cms.gov/files/document/fy-2026-snf-qrp-apu-table-reporting-measures-and-data.pdf>. QRP program and the potential reduction is related to your PPS assessments. One dash or 5 dashes on a PPS assessment could result in a reduction if you are below the 90%. Utilize your reports in iQIES to keep track.

9. How much documentation should be done when coding section GG on the rationale as to why it was coded a certain way?

CMS does not impose specific documentation procedures on nursing homes in completing the RAI. While this is the case, documentation that contributes to identification and communication of a resident's problems, needs, and strengths, that monitors their condition on an on-going basis, and that records treatment and response to treatment is a matter of good clinical practice and an expectation of trained and licensed health care professionals. Good clinical practice is an expectation of CMS. As such, nursing home teams can determine the documentation that they feel is necessary to support coding items on the MDS 3.0, including coding the items in GG0130. Self-Care and GG0170. Mobility, according to their facility policy and procedure and in compliance with any Federal and State requirements. In addition, documentation must substantiate a resident's need for Part A SNF-level services and the response to those services for the Medicare SNF PPS. Please see Chapter 1, 1.3. Completion of the RAI, in the MDS RAI 3.0 v1.18.11 User's Manual for further details.