Assessing Activities of Daily Living (ADLs) Accurately

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Objectives

ﻋ Discuss the process to evaluate each aspect of an Activity of Daily Living (ADL).

ﻋ Define who is and who is not included in the definition of facility staff used in Section G of the MDS.

ﻋ List the current MDS 3.0 ADL self-performance definitions.

Objectives

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❦ Analyze the "Rule of Three" used for ADL self-performance coding on the MDS.

❦ Apply the "Rule of Three" to real-world examples of ADL coding submitted by provider staff.

❦ Discuss CMS Memorandum 15-06-NH announcing the nationwide expansion of MDS focused surveys in 2015.

Aspects of ADLs

Defined on Page G-2 of the MDS 3.0 RAI Manual (RAIM3):

"ADL ASPECTS

Components of an ADL activity. These are listed next to the activity in the item set. For example, the components of G0110H (Eating) are eating, drinking, and intake of nourishment or hydration by other means, including tube feeding, total parenteral nutrition and IV fluids for hydration."

ADL Aspects

ෆ ADL Aspects (i.e., ADL Components) are also listed on Page G-3 to G-4 of the RAIM3.

ෆ Each item listed as an aspect of an ADL is evaluated separately.

ෆ The most dependent level of self-performance for any component (aspect) of an ADL is the code direct care staff enters for that episode of care.

Coding ADL Aspects

 The most dependent self-performance level for any aspect of an ADL care is the correct self-performance coding for that particular occurrence or episode of the ADL being evaluated, **except** Total. When every aspect of the ADL self-performance is not Total, but one or more aspects are Total, the correct coding is extensive.

 Bed Mobility - how resident moves to and from lying position, turns side or side, and positions body while in bed or alternate sleep furniture (page G-4, RAIM3).

Coding ADL Aspects

ର Scenario A: A resident sits on the bed and lays down independently but needs extensive assistance to sit up, limited assistance to turn side to side and extensive assistance to reposition their body.

ର On the night shift from 11p-7a, one staff turned the resident 3 times, one staff helped the resident sit up in bed once at a different time and one staff helped the resident reposition once at yet a different time.

Coding ADL Aspects

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 Identify the correct ADL coding for each episode (occurrence) of Bed Mobility that was provided on the night shift.

 Hint: There will be 5 answers!

Coding ADL Aspects

ଓ Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) (page G-4, RAIM3).

ଓ Scenario B: A resident needs extensive assistance to move to or from the bed to or from the wheelchair and also needs extensive assistance to stand when moving to or from the bed or the wheelchair.

Coding ADL Aspects

ॐ On the evening shift from 3p-11a, one staff helped the resident transfer from the bed to the wheelchair to eat dinner. One staff helped the resident transfer from the wheelchair back to bed after dinner and later helped the resident from the bed to the wheelchair to visit friends. One staff helped the resident transfer from the bed to the shower chair and one staff helped the resident transfer from the shower chair to the wheelchair. One staff helped the resident transfer from the wheelchair back to bed.

Coding ADL Aspects

ൽ Identify the correct ADL coding for each episode (occurrence) of Transfer that was provided on the evening shift.

ൽ Hint: There will be 4 answers!

Coding ADL Aspects

ଓ From page G-4 of the RAIM3, "If a resident uses special adaptive devices such as:

ଓ A walker, device to assist with donning socks, dressing stick, long-handled reacher, or adaptive eating utensils,

ଓ Code ADL Self-Performance and ADL Support Provided based on the level of assistance the resident requires when using such items."

Facility Staff

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ℭ Defined on Page G-5 of the MDS 3.0 RAI Manual (RAIM3):

ℭ FACILITY STAFF 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. Therefore, facility staff does not include, for example, hospice staff, nursing/CNA students, etc. "

Facility Staff Includes

છ Nurses

છ Agency Nurses

છ Graduate Nurses hired by the facility and working under the supervision of facility staff

છ Certified Nursing Assistants (CNAs)

છ Agency CNAs

Facility Staff Includes

ℭ Nurse Aides within 4 months of facility employment while enrolled in CNA training, but **only** when working in the facility and not when actually participating in CNA training or testing on the premises.

ℭ In-house Therapy Staff

ℭ Contracted Therapy Staff

Facility Staff Does NOT Include

ﾃ Hospice Nurses

ﾃ Hospice CNAs

ﾃ Nurse Aides participating in CNA training or testing on the premises

ﾃ Nurse Students participating in Nurse training or testing on the premises

Facility Staff Does NOT Include

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ॐ Ambulance/Transport Staff

ॐ Radiology/X-Ray Staff

ॐ Laboratory Staff

G0110, Column 1, ADL Self-Performance

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1. From page G-5 of the RAIM3:

2. Item G0110 involves a two-part ADL evaluation:

3. Self-Performance, which measures how much of the ADL activity the resident can do for himself or herself, and Support Provided, which measures how much facility staff support is needed for the resident to complete the ADL.

4. Each of these sections uses its own scale, therefore, it is recommended that the ADL Self-Performance evaluation (Column 1) be completed for all ADL activities before beginning the ADL Support evaluation (Column 2).

Coding Instructions for G0110, Column 1

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- **Code 0, independent:** if resident completed activity with no help or oversight **every time** during the 7-day look-back period and the activity occurred at least three times.

- **Code 1, supervision:** if oversight, encouragement, or cueing was provided **three or more times** during the last 7 days.

- **Code 2, limited assistance:** if resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance on **three or more times** during the last 7 days.

Coding Instructions for G0110, Column 1

✸ **Code 3, extensive assistance:** if resident performed part of the activity over the last 7 days and help of the following type(s) was provided **three or more times**:

  — Weight-bearing support provided **three or more times, OR**

  — Full staff performance of activity **three or more times** during part but not all of the last 7 days.

✸ **Code 4, total dependence:** if there was **full staff performance** of an activity with no participation by resident for any aspect of the ADL activity and the activity occurred three or more times. The resident must be unwilling or unable to perform any part of the activity over the entire 7-day look-back period.

Coding Instructions for G0110, Column 1

ଔ **Code 7, activity occurred only once or twice:** if the activity occurred **fewer than three times**.

ଔ **Code 8, activity did not occur:** if the activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day look-back period.

Item G0110 Steps for Assessment

1. Review the documentation in the medical record for the 7-day look-back period.

2. Talk with direct care staff from each shift that has cared for the resident to learn what the resident does for himself during each episode of each ADL activity definition as well as the type and level of staff assistance provided. Remind staff that the focus is on the 7-day look-back period only.

3. When reviewing records, interviewing staff, and observing the resident, be specific in evaluating each component as listed in the ADL activity definition.

(Page G-3, RAIM3)

Item G0110 The Rule of 3

The "Rule of 3" is a method that was developed to help determine the appropriate code to document ADL Self-Performance on the MDS.

It is very important that staff who complete this section fully understand the components of each ADL, the ADL Self-Performance coding level definitions, and the Rule of 3.

(Page G-6, RAIM3)

Item G0110 The Rule of 3

To properly apply the Rule of 3, the facility must first note:

 Which ADL activities occurred,
 How many times each ADL activity occurred,
 What type and
 What level of support was required

For each ADL activity over the entire 7-day look-back period.

(Page G-6, RAIM3)

Exceptions to The Rule of 3:

From page G-6 of the RAIM3:

  Code 0, Independent – Coded only if the resident completed the ADL activity with no help or oversight **every time** the ADL activity occurred during the 7-day look-back period and the activity occurred at least three times.

  Code 4, Total dependence – Coded only if the resident required **full staff performance** of the ADL activity **every time** the ADL activity occurred during the 7-day look-back period and the activity occurred three or more times.

Exceptions to The Rule of 3:

ﱢ **Code 7, Activity occurred only once or twice** – Coded if the ADL activity occurred **fewer than three times** in the 7-day look back period.

ﱢ **Code 8, Activity did not occur –** Coded only if the ADL activity **did not occur** or **family and/or non-facility staff provided care 100% of the time** for that activity over the entire 7-day look-back period.

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Instructions for the Rule of 3:

From page G-7 of the RAIM3:

ଔ These steps must be used in sequence.

ଔ Use the first instruction encountered that meets the coding scenario (e.g., if #1 applies, stop and code that level).

Instructions for the Rule of 3:

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From page G-7 of the RAIM3:

1. When an activity occurs **three or more times at any one level**, code that level.

Scenario C: In the 7-day look-back period, Bed Mobility self-performance ADL coding was 4, 4, 3, 2, 2, 2, 2.

How would G0110A be coded on the MDS?

Instructions for the Rule of 3:

From page G-7 of the RAIM3:

2. When an activity occurs **three or more times at multiple levels, code the most dependent level that occurred three or more times.**

Scenario D: In the 7-day look-back period, Transfer self-performance ADL coding was 4, 4, 4, 3, 2, 2, 2.

How would G0110B be coded on the MDS?

Instructions for the Rule of 3:

From page G-7 of the RAIM3:

3. When an activity occurs **three or more times and at multiple levels, but not three times at any one level**, apply the following:

a. Not a true step – general instructions.

b. When there is a combination of full staff performance and weight-bearing assistance that total three or more times—code extensive assistance (3).

Instructions for the Rule of 3:

c. When there is a combination of full staff performance/weight-bearing assistance, and/or non-weight-bearing assistance that total three or more times—code limited assistance (2).

If none of the steps listed (1 through 3) are met, code supervision.

Instructions for the Rule of 3:

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Scenario E: A resident was admitted to the facility for two days prior to discharge. During this time, Transfer self-performance was 4, 3, 3, 2, 2.

How would self-performance for G0110B be coded on the discharge MDS?

G0110, Column 2, ADL Support

Coding Instructions from page G-9 of the RAIM3:

Code for the **most support provided** over all shifts.

Code regardless of how Column 1 ADL Self-Performance is coded.

G0110, Column 2, ADL Support

ೞ **Code 0, no setup or physical help from staff:** if resident completed activity with no help or oversight.

ೞ **Code 1, setup help only:** if resident is provided with materials or devices necessary to perform the ADL independently. This can include giving or holding out an item that the resident takes from the caregiver.

ೞ **Code 2, one person physical assist:** if the resident was assisted by one staff person.

ೞ **Code 3, two+ person physical assist:** if the resident was assisted by two or more staff persons.

ೞ **Code 8, ADL activity itself did not occur during the entire period:** if the activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period . 34

Applying the "Rule of 3"

Review each of the following examples to determine the correct ADL self-performance code and ADL support code for the appropriate Item G0110 on the MDS.

G0110A Bed Mobility

ADL			9/30			10/1			10/2			10/3			10/4			10/5			10/6		
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Bed Mobility	SP	8	3	1	3	8	3	3	8	8	3	8	8	3	3	8	0	0	8	3	8	1
	SU	8	2	0	2	8	2	2	8	8	2	8	8	2	2	8	0	0	8	2	8	0

NN: 10/2/14 @ 2020 - Res. in bed resting quietly. Extensive Assistance x 2 for positioning.

Scenario F Bed Mobility Coding:

ᙇ Self-Performance? _____

ᙇ Support? _____

G0110A Bed Mobility

		4/20			4/21			4/22			4/23			4/24			4/25			4/26		
ADL		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Bed Mobility	SP	0			0	0	2	0	0	3	0	0	1	0	0	0	0	2	0	0	0	1
	SU	0			0	0	2	0	0	2	0	0	2	0	0	0	0	2	0	0	0	2

Scenario G Bed Mobility Coding:

Self-Performance? _____

Support? _____

G0110B Transfer

ADL		9/30			10/1			10/2			10/3			10/4			10/5			10/6		
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Transfer	SP	8	8	8	8	8	8	3	8	8	8	8	8	8	8	8	4	8	8	8	8	8
	SU	8	8	8	8	8	8	3	8	8	8	8	8	8	8	8	3	8	8	8	8	8

Scenario H Transfer Coding:

ଔ Self-Performance? _____

ଔ Support? _____

G0110H Eating

ADL		7/10			7/11			7/12			7/13			7/14			7/15			7/16		
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Eating	SP	4	4	8	4	4	8	4	4	8				4		8	4	4	8	4	4	8
	SU	2	2	8	2	2	8	2	2	8				2		8	2	2	8	2	2	8

Scenario I Eating Coding:

ॐ Self-Performance? _____

ॐ Support? _____

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G0110I Toileting

		3/8			3/9			3/10			3/11			3/12			3/13			3/14		
ADL		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Toileting	SP	2	3	2	2	2	2	2		4	2	2	8	2	3	2	2	2	8		2	2
	SU	2	2	2	2	2	2	2		2	2	2	8	2	2	2	2	2	8		2	2

NN: 3/10/14 @ 1500 – Res assisted to toilet. Required CNA x1 to pull up pants and adjust clothing. ----------J. Doe, LVN

Scenario J Toileting Coding:

ଓ Self-Performance? _____

ଓ Support? _____

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CMS S&C Memorandum 15-06-NH

DATE: October 31, 2014

SUBJECT: Nationwide Expansion of Minimum Data Set (MDS) Focused Survey

CMS S&C Memorandum 15-06-NH

MDS / Staffing Focused Surveys: In mid-2014, the Centers for Medicare & Medicaid Services (CMS) piloted a short-term focused survey to assess Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and its relationship to resident care in nursing homes in five states. CMS will expand these surveys in 2015 to be conducted nationwide.

Reported Staffing: The scope of some or all of the focused surveys will also be expanded to include an assessment of the staffing levels of nursing facilities. This assessment will aim to verify the data self-reported by the nursing home, and identify changes in staffing levels throughout the year.

CMS S&C Memorandum 15-06-NH

24 out of 25 MDS Focused Surveys conducted in 2014 identified deficient practices in the following areas:

○ Inaccurate staging and documentation of pressure ulcers,

○ Lack of knowledge regarding the classification of antipsychotic drugs, and

○ Improper coding regarding the use of restraints.

CMS S&C Memorandum 15-06-NH

ↄ In FY2015, MDS/Staffing Focused Surveys will be conducted nationwide.

ↄ MDS 3.0 inaccuracies and lack of sufficient staffing noted during the survey will result in relevant citations.

ↄ Deficiencies could include those related to quality of care and/or life, or nursing services.

ↄ If patterns of inaccuracies are noted, the case will be referred to the CMS Regional and/or Central Office for follow-up.

ↄ If care concerns are identified , the concerns may be cited or referred to the State Agency as a complaint for further review.

Thank You!

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ଓ The Scenario Answer Key will be posted separately.

ଓ Texas provider staff with ADL coding questions should contact Cheryl Shiffer, BSN, RN at 210-619-8010 or cheryl.shiffer@dads.state.tx.us. Always include your Texas facility SNF/NF or Swing Bed name when calling or writing.

ଓ Outside of Texas, please contact your State RAI Coordinator. A list is located in Appendix B, RAIM3.