

# OT Skilled Nursing Facility Evaluation Checklist & Quality Measures

Use the checklist below during a skilled nursing facility occupational therapy evaluation as a reminder of areas to address. The American Occupational Therapy Association (AOTA) encourages practitioners to print the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality occupational therapy evaluations that lead to occupation-based, client-centered interventions and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework* (AJOT, 2020). A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

## Occupational Profile

Each element of the occupational profile is considered from the client’s perspective. Take notes here or download the Occupational Profile at [www.aota.org/profile](http://www.aota.org/profile) to facilitate the subjective interview and goal development.

- Client’s Concerns
- Successful Occupations
- Occupational History
- Interests & Values
- Contexts: Environment & Personal
- Performance Patterns
  - Habits    Routines    Roles    Rituals
- Client Factors
  - Values/Beliefs    Body Function    Body Structure
- Client Goals/Priorities

## Analysis of Occupational Performance

Utilize the [Quality Toolkit](#) for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority?		Addressed	Is this area a Priority?
<b>Occupations</b>					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Skills</b>					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)</b>					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Patterns</b>					
Habits, Routines, Roles, Rituals	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Contexts</b>					
Include Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>			

## Skilled Nursing Facility Minimum Data Set

The Minimum Data Set (MDS) is a standardized assessment developed by the Centers for Medicare and Medicaid Services (CMS) to collect resident information for payment and quality measurement and to facilitate care planning by identifying a resident's strengths and needs.

There are multiple opportunities for occupational therapy practitioners to contribute critical data to ensure accurate scoring of the MDS. Accurate scoring of the MDS is essential for accurate reimbursement under the Patient-Driven Payment Model (PDPM). For more information on SNF reimbursement, visit [www.aota.org/pdpm](http://www.aota.org/pdpm).

In addition to Section GG items shown below, occupational therapists can collect essential data on cognition, mood and mental health, bladder and bowel, and other relevant fields. AOTA has identified a brief list of recommended sections where occupational therapists can highlight their expertise. This is not an exhaustive list. View the latest CMS MDS manual - Chapter 3 for detailed instructions on how to score the assessment items.

- Section B: Hearing, Speech, and Vision
- Section C: Cognitive Pattern and the Brief Interview for Mental Status (BIMS)
- Section D: Mood and the Resident Mood Interview (PHQ-2 to 9<sup>©</sup>)
- Section F: Preferences for Customary Routine and Activities
- Section H: Bladder and Bowel
- Section J: Health Conditions

Visit [AOTA's Section GG page](#) and handout for additional information and training on scoring Section GG items. For information on how Section GG impacts SNF reimbursement, visit [www.aota.org/pdpm](http://www.aota.org/pdpm).

**3: Independent; 2: Needed Some Help; 1: Dependent; 8: Unknown; 9: Not Applicable**

Section GG 100: Prior Functioning		Score
<b>A: Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.		
<b>B: Indoor Mobility (Ambulation):</b> Code the patient's need for assistance with walking from room to room (without or without a device) prior to the current illness, exacerbation or injury.		
<b>C: Stairs:</b> Code the patient's need for assistance with internal or external stairs (with or without a device) prior to the current illness, exacerbation, or injury.		
<b>D: Functional Cognition:</b> Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness exacerbation, or injury.		

Section GG 110: Prior Device Use (Check all that apply)			
	<b>A: Manual wheelchair</b>		<b>D: Walker</b>
	<b>B: Motorized wheelchair and/or scooter</b>		<b>E: Orthotics/Prosthetics</b>
	<b>C: Mechanical Lift</b>		<b>Z: None of the above</b>

Section GG 115: Prior Device Use (Check all that apply)		
Code for limitation that inferred with daily functions or placed resident at risk of injury in the last 7 days. **Coding Tip: Do not look at limited ROM in isolation. You must determine whether the limited ROM has an impact on functional ability or places the resident at risk for injury.		
<b>Coding:</b> <b>0: No Impairment</b> <b>1: Impairment on one side</b> <b>2: Impairment on both sides</b>		<b>A: Upper Extremity (shoulder, elbow, wrist, hand)</b>
		<b>B: Lower Extremity (hip, knee, ankle, foot)</b>

Section GG 120: Mobility Devices (Check all that were normally used in the last 7 days)			
	<b>A: Cane/ crutch</b>		<b>D: Limb prosthesis</b>
	<b>B: Walker</b>		<b>Z: None of the above were used</b>
	<b>C: Wheelchair (manual or electric)</b>		

6: Independent 5: Setup or Cleanup Assist 4: Supervision or Touching Assist 3: Mod Assist 2: Max Assist 1: Dependent  
 07: Refused 09: Not Applicable 10: Not Attempted Due to Environment Limitation 88: Not Attempted Due To Medical Condition/Safety

Measure: Section GG F130: unctional Status	Score at Eval	Goal	Score at D/C
<b>A: Eating: Ability</b> to use suitable utensils to bring food and/or liquid to the mouth and swallow food/liquid once the meal is placed before the patient.			
<b>B: Oral Hygiene:</b> Ability to use suitable items to clean teeth/dentures. Ability to remove and replace dentures and manage equipment for cleaning them.			
<b>C: Toileting Hygiene:</b> Ability to maintain perineal hygiene, adjust clothes before/ after voiding. Ostomy: wiping and opening but not managing equipment.			
<b>E: Shower/Bathe Self:</b> Ability to bathe self, including washing, rinsing and drying self (excludes washing back and hair). Does not include transfers in/ out of tub/shower.			
<b>F: Upper Body Dressing:</b> Ability to dress and undress above the waist; including fasteners, if applicable.			
<b>G: Lower Body Dressing:</b> Ability to dress and undress below the waist, including fasteners; does not include footwear.			
<b>H: Putting On/Taking Off Footwear:</b> Ability to put on and take off sock and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.			
<b>I: Personal Hygiene:</b> Ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).			

Section GG 170: Mobility	Score	Section GG 170: Mobility	Score
<b>A: Roll Left and Right</b>		<b>K: Walk 150 ft</b>	
<b>B: Sit to Lying</b>		<b>L: walking 10 Feet on Uneven Surfaces</b>	
<b>C: Sit to Stand</b>		<b>M: 1 Step (curb)</b>	
<b>D: Sit to Stand</b>		<b>N: 4 Steps</b>	
<b>E: Chair/Bed-to-Chair Transfer</b>		<b>O: 12 Steps</b>	
<b>F: Toilet Transfer</b>		<b>P: Picking Up Object</b>	
<b>FF: Tub/Shower Transfer</b>			
<b>G: Car Transfer</b>		<b>Q: Does the Patient Use a Wheelchair and/or Scooter?</b> 0. No – Skip to GG1030, Self Care (Discharge) 1. Yes – Continue to GG0170R	
<b>I: Walk 10 Feet</b>		<b>R: Wheel 50 ft with Two Turns</b> RR1: Manual <input type="checkbox"/> Motorized <input type="checkbox"/>	
<b>J: Walk 50 Feet with Two Turns</b>		<b>S: Wheel 150 Ft</b> SS1: Manual <input type="checkbox"/> Motorized <input type="checkbox"/>	

### SNF Quality Measures (2024)

Facilities are scored based on the measures below. Reimbursement can be adjusted based on reported quality outcomes. Collaborate with your facility to identify current scores, priorities for improvement, and how OT can contribute.

Learn more about Value-Based Purchasing and the Quality Reporting Program (QRP) at [www.aota.org/pdpm](http://www.aota.org/pdpm).

### Value-Based Payment Program

Measure	Facility Score on ___/___/___	Notes
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) (NQF #2510)		

## MDS Assessment-Based Measures

Measure	Facility Score on ___/___/___	Notes
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMIT #00520)		
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP (CMIT #00225)		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMIT #00121)		
Discharge Self-Care Scores for Medical Rehabilitation Patients (CMIT #00404)		
Discharge Mobility Score for Medical Rehabilitation Patients (CMIT #00403)		
Discharge Function Score (CMIT #01698)		
Transfer of Health Information to the Provider Post-Acute Care (CMIT #00728)		
Transfer of Health Information to the Patient Post-Acute Care (CMIT #00727)		

## CDC National Healthcare Safety Network (NHSN) Measures

Measure	Facility Score on ___/___/___	Notes
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)		
Influenza Vaccination Coverage among Healthcare Personnel (HCP) (NQF #0431)		

## Medicare Fee-For-Service Claims-Based Measures

Measure	Facility Score on ___/___/___	Notes
Medicare Spending Per Beneficiary – Post Acute Care (PAC) SNF QRP (CMIT #00434)		
Discharge to Community – PAC SNF QRP (CMIT #00680)		
Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP		
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization		

## Resources

Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. *Am J Occup Ther* August 2020, Vol. 74(Supplement\_2), 7412410010p1–7412410010p87. doi: <https://doi.org/10.5014/ajot.2020.74s2001>

OTA Payment Policy: SNF Payment: [www.ota.org/pdpm](http://www.ota.org/pdpm)

OTA Quality: Volume to Value: [www.ota.org/value](http://www.ota.org/value)

Centers for Medicare & Medicaid Services Minimum Data Set (MDS) 3.0 Resident Assessment Instrument RAI Manual: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/mds30raimanual>

Centers for Medicare & Medicaid Services SNF Quality Reporting Program: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information>