

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 <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

Use 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 |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| Occupations | | | | | |
| ADLs | <input type="checkbox"/> | <input type="checkbox"/> | IADLs | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance Skills | | | | | |
| Psychosocial/Behavior Skills | <input type="checkbox"/> | <input type="checkbox"/> | Fall Prevention/Fear of Falling | <input type="checkbox"/> | <input type="checkbox"/> |
| Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain) | | | | | |
| Vision | <input type="checkbox"/> | <input type="checkbox"/> | Functional Cognition | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance Patterns | | | | | |
| Habits, Routines, Roles, Rituals | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Contexts | | | | | |
| 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 correct reimbursement under the Patient-Driven Payment Model (PDPM). For more information on SNF reimbursement, visit www.aota.org/pdpm.

Score Section GG based on the resident's *usual performance* for each activity. 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.

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

| Section GG 100: Prior Functioning | | Score |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|
| A: Self Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. | | |
| B: Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury. | | |
| C: Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. | | |
| D: Functional Cognition: 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) | | | |
|---------------------------------------------------------|--|---------------------------------|--|
| A: Manual wheelchair | | D: Walker | |
| B: Motorized wheelchair and/or scooter | | E: Orthotics/Prosthetics | |
| C: Mechanical Lift | | Z: None of the above | |

| Section GG 115: Functional Limitation in Range of Motion | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|
| 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. | | |
| Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides | | A: Upper Extremity (shoulder, elbow, wrist, hand) B: Lower Extremity (hip, knee, ankle, foot) |

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 130: Functional Status | Score at Eval | Goal | Score at D/C |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------|--------------|
| A: Eating: Ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food/or liquid once the meal is placed before the resident. | | | |
| B: Oral Hygiene: Ability to use suitable items to clean teeth/dentures. Ability to insert and remove dentures into and from the mouth and manage denture stacking and rinsing with use of equipment. | | | |
| C: Toileting Hygiene: Ability to maintain perineal hygiene, adjust clothes before/after voiding or having a bowel movement. Ostomy: include wiping and opening but not managing equipment. | | | |
| E: Shower/Bathe Self: Ability to bathe self, including washing, rinsing and drying self (excludes washing back and hair). Does not include transfers in/out of tub/shower. | | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| F: Upper Body Dressing: Ability to dress and undress above the waist; including fasteners, if applicable. | | | |
| G: Lower Body Dressing: Ability to dress and undress below the waist, including fasteners; does not include footwear. | | | |
| H: Putting On/Taking Off Footwear: Ability to put on and take off sock and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. | | | |
| Section GG 170: Mobility | Score | Section GG 170: Mobility | Score |
| A: Roll Left and Right | | K: Walk 150 ft | |
| B: Sit to Lying | | L: walking 10 Feet on Uneven Surfaces | |
| C: Lying to Sitting on Side of Bed | | M: 1 Step (curb) | |
| D: Sit to Stand | | N: 4 Steps | |
| E: Chair/Bed-to-Chair Transfer | | O: 12 Steps | |
| F: Toilet Transfer | | P: Picking Up Object | |
| G: Car Transfer | | Q1: Does the Patient Use a Wheelchair and/or Scooter? 0. No - Skip to GG0130, Self Care (Discharge) 1. Yes – Continue to GG0170R | |
| I: Walk 10 Feet | | R: Wheel 50 ft with Two Turns RR1: Manual <input type="checkbox"/> Motorized <input type="checkbox"/> | |
| J: Walk 50 Feet with Two Turns | | S: Wheel 150 Ft SS1: Manual <input type="checkbox"/> Motorized <input type="checkbox"/> | |

In addition to the 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 therapy practitioners can highlight their expertise. This is not an exhaustive list. View the latest CMS MDS Resident Assessment Instrument (RAI) 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[©])
- Section F: Preferences for Customary Routine and Activities
- Section H: Bladder and Bowel
- Section J: Health Conditions
- Section K: Swallowing/Nutritional Status

Section K items are intended to assess conditions that could affect the resident's ability to maintain adequate nutrition and hydration. Visit [Occupational therapy and feeding, eating, and swallowing](#) for resources related to swallowing disorders. Signs and symptoms of a swallowing disorder should be recorded even if it occurs only once in the 7-day look-back period. Do not code if interventions have been successful to treat the problem and no signs or symptoms were observed.

| K0100: Swallowing Disorder Signs and symptoms of possible swallowing disorder | Observed and documented during look-back period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| K0100A: loss of liquids/solids from mouth when eating or drinking. When the resident has food or liquid in their mouth, the food or liquid dribbles down chin or falls out of the mouth. | |
| K0100B: holding food in mouth/cheeks or residual food in mouth after meals. Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely. | |
| K0100C: coughing or choking during meals or when swallowing medications. The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications "going down the wrong way." | |
| K0100D, complaints of difficulty or pain with swallowing. Resident may refuse food because it is painful or difficult to swallow. | |

SNF Quality Measures (2026)

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

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

Value-Based Payment Program

| Measure | Facility Score on ___/___/___ | Notes |
|-----------------------------------------------------------------------------------|-------------------------------|-------|
| Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) (CMIT #679) | | |
| Total Nursing Staff Turnover (Nursing Staff Turnover) (CMIT #1712) | | |
| Total Nursing Hours per Resident Day (Total Nurse Staffing) (CMIT #1001) | | |

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) | | |
| COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMIT #01699) | | |

CDC National Healthcare Safety Network (NHSN) Measures

| Measure | Facility Score on ___/___/___ | Notes |
|-------------------------------------------------------------------------------|-------------------------------|-------|
| COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMIT #00180) | | |
| Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CMIT #00390) | | |

Medicare 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 #00210) | | |
| Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP (CMIT #00575) | | |
| SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMIT #00680)** | | |

** Indicates the measure is also included in the SNF Value-Based Purchasing Program

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>

AOTA Payment Policy: SNF Payment: www.aota.org/pdpm

AOTA Quality: Volume to Value: www.aota.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>

Centers for Medicare & Medicaid Services SNF Value-Based Purchasing Program: <https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing/measures>