Ensuring Accuracy of ADL Coding on the MDS 3.0
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The information in this program refers to publicly available information as of the date of the presentation (March 28, 2014). For the most accurate and up-to-date information regarding the Resident Assessment Instrument (RAI), including the Minimum Data Set, Version 3.0 (MDS 3.0), please refer to the CMS RAI User’s Manual Web page at the following link:

Upon completion of the program, the participant will be able to:
- Discuss the appropriate application of the Rule of 3 for coding ADL Self-Performance on the MDS 3.0;
- Accurately describe each of the 10 activities of daily living documented in Item G0110 on the MDS 3.0; and
- Describe the definitions of the codes for ADL Self-Performance and ADL Support on the MDS 3.0.
The MDS – Far Reaching Impact!

- Resident Care
- Public Information
- Payment
- Survey
- Quality Improvement

ADL Coding - Steps for Assessment

- Review the medical record for the 7-day look-back period
- Talk with direct care staff from each shift who have cared for the resident
- Observe the resident
- Pay attention to each component of each ADL
- Ask probing questions

ADL Coding Instructions

- Consider all episodes of the activity that occur over a 24-hour period during each day of the 7-day look-back period
- If a resident uses special adaptive equipment, code based on the level of assistance the resident requires when using such items
- Only consider “facility-staff” when coding – this includes contract staff but not hospice, family, students, etc.
The ADL Algorithm (page G-7) should augment, not replace, the instructions.

- Coding Column 1 for all ADL activities before coding Column 2 is recommended.
- Code based on what the resident actually does, not what they are capable of.

**ADL Coding Instructions**

- **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.
- **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).

**The ADLs Defined**

- **Walk in room** - how resident walks between locations in his/her room.
- **Walk in corridor** - how resident walks in corridor on unit.
- **Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.
Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair.

Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/ removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses.

Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).

Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.

Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers).
Coding Instructions for G0110, Column 1, ADL Self-Performance

- 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

- 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
  - Full staff performance of activity three or more times during part but not all of the last 7 days
Guided Maneuvering vs. Weight-Bearing Assistance

- Determine who is supporting the weight of the resident’s extremity or body:
  - The staff?
  - The resident?
- Did the staff perform a sub-task for the resident?
- Is staff lifting or guiding the resident’s extremity or body?

Coding Instructions for G0110, Column 1, ADL Self-Performance

- 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, ADL Self-Performance

- Code 7, activity occurred only once or twice: if the activity occurred fewer than three times.
- 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.
A method that was developed to help determine the appropriate code for ADL Self-Performance
- Accuracy depends on a solid understanding of each ADL (including each component), the definitions, and the Rule of 3
- Correctly applying the Rule of 3 is dependent on facility staff noting which ADL occurred, how many times, and the type and amount of assistance required

The Rule of 3
- Code 0, Independent
- Code 4, Total dependence
- Code 7, Activity occurred only once or twice
- Code 8, Activity did not occur

Exceptions to the Rule of 3
- When an activity occurs three times at any one given level, code that level
- When an activity occurs three times at multiple levels, code the most dependent level

Instructions for the Rule of 3
- Remember the exceptions and the ADL coding definitions
- When an activity occurs three times at any one given level, code that level
- When an activity occurs three times at multiple levels, code the most dependent level
Instructions for the Rule of 3

- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance (3)
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2)
  - If none of the above are met, code supervision

ADL Self-Performance Algorithm (Additional Handout)

START HERE – Remember to review the instructions for the Rule of 3 and the ADL Self Performance Coding Level Definitions (above) using the algorithm. STOP at the first code that applies when moving down the algorithm.

- Code 9 Independent
- Code 6 The ADL Activity (or any part of the ADL) was not performed by the resident or staff at all
- Code 7 Activity occurred fewer than 3 times
- Code 8 Did the activity occur at least 1 time?
- Did the activity occur 3 or more times?
- Did the resident fully perform the ADL activity without any help or oversight from staff during time?
ADL Self-Performance Algorithm (Additional Handout)

- Code for the most support provided over all shifts
- No Rule of 3 for Column 2
- Code regardless of how Column 1 ADL Self-Performance is coded
Coding Instructions for G0110, Column 2, ADL Support

- 0 - no setup or physical help from staff
- 1 - setup help only
- 2 - one person physical assist
- 3 - two+ person physical assist
- 8 - ADL activity itself did not occur during the entire period (or family and/or non-facility staff provided care 100% of the time for that activity for the 7 days)

ADL Support Setup Help Examples

- Bed Mobility—hanging the resident the bar on a trapeze, staff raises the ½ rails for the resident’s use and then provides no further help
- Dressing—retrieving clothes from the closet and laying out on the resident’s bed; handing the resident a shirt
- Eating—cutting meat and opening containers at meals; giving one food item at a time
- Toilet Use—hanging the resident a bedpan or placing articles necessary for changing an ostomy appliance within reach
- Personal Hygiene—providing a washbasin and grooming articles

Coding Tips

- When coding bed mobility, consider assistance received in their “alternate bed” if the resident sleeps on furniture other than a bed
- Do not code based on resident’s ADL potential or what they should receive according to their plan of care
- Do not include assistance by family or visitors
**Coding Tips**

- Code Supervision for residents seated together or in close proximity of one another during a meal who receive individual supervision with eating is counted when coding Eating
- General supervision of a dining room is not captured in the coding of Eating

**Coding Eating for Residents with Tube Feeding, TPN, or IV fluids**

- Code extensive assistance: if the resident with tube feeding, TPN, or IV fluids did not participate in management of this nutrition but did participate in receiving oral nutrition
- Code totally dependent in eating: if resident was assisted in eating all food items and liquids at all meals and snacks (including tube feeding delivered totally by staff) and did not participate in any aspect of eating

**Examples of Coding 8 (Activity Did Not Occur)**

- Toileting – if the resident had no elimination during the entire 7-day look-back
- Locomotion on unit – if the resident had no locomotion via bed, wheelchair, or other means during the 7-day look-back period
- Eating – if the resident had absolutely no food, fluids, or nourishment via other provided by staff for the entire 7-day look-back period
- Any ADL – family or non-facility staff provided assistance all occurrences of that ADL for the entire 7-day look-back
Coding Example #1

- Twice during the look-back period Mr. X received guided maneuvering of his arms to don his shirt
- Four times, he required the staff to assist him to put his shirt on by lifting each of his arms due to pain in his shoulders

Coding Example #1 (continued)

- The scenario is consistent with the ADL Self-Performance coding level definition of Extensive assistance and meets the first Rule of 3

Coding Example #2

- Four times, over the 7-day look back, Mrs. C required verbal cueing for hand placement during transfers to her wheelchair; three times she required weight-bearing assistance to help her rise from the wheelchair, steady her and help her turn with her back to the edge of the bed
- Once she was at the edge of the bed and put her hand on her transfer bar, she was able to sit
- She completed the activity without assistance the 14 remaining instances during the 7-day look-back period
Because the ADL activity occurred three or more times at multiple levels, the scenario meets the second Rule of 3 and the assessor will apply the most dependent level that occurred three or more times.

Note that this scenario does meet the definition of Extensive assistance as well, since the activity occurred at least three times and there was weight-bearing support provided three times.

The final code that should be entered in Column 1, ADL Self-Performance, G010B – Transfer is Extensive assistance (3).

Mrs. F. was in the nursing home for only one day prior to transferring to another facility. While there, the following assistance was provided with eating:

Twice she required weight-bearing assistance to help lift her fork to her mouth.

One time in the evening, the staff fed Mrs. F. because she could not scoop the food on her plate with the fork, nor could she lift the fork to her mouth.

The third Rule of 3 applies since the ADL assistance occurred three times at multiple levels but not three times at any one level.

Sub-item "a" under the third Rule of 3 states to convert episodes of full staff performance to weight-bearing assistance as long as the full staff performance episodes did not occur every time the ADL was performed in the 7-day look-back period.

The one episode of full staff performance is considered weight-bearing assistance and when added to the other two episodes of weight-bearing assistance, totals three episodes of weight-bearing assistance.
Mr. N was admitted to the facility, but was sent to the hospital on the 2nd day he was there.

Weight-bearing assistance was provided one time to lift Mr. N's right arm into his shirt sleeves when dressing in the morning on day one, non-weight-bearing assistance was provided one time to button his shirt in the morning on day two, and full staff performance was provided one time on day two to put on his pants after resting in bed in the afternoon.

Mr. N was independent in the evening on day one when undressing and getting his bed clothes on.

The third Rule of 3 applies because the activity occurred three times, and at multiple levels but not three times at any one level.

The third Rule of 3, sub-item “a,” instructs providers to convert episodes of full staff performance to weight-bearing assistance; this results in there now being two weight-bearing episodes and one non-weight-bearing episode.

The third Rule of 3, sub-item “b,” does not apply because even though there are two episodes of weight-bearing assistance, there are not enough weight-bearing episodes to consider it Extensive assistance.

There is one episode of non-weight-bearing assistance that can be accounted for. The third sub-item, “c,” under the third Rule of 3 applies because there is a combination of full staff performance/weight-bearing assistance and/or non-weight-bearing assistance that together total three times.

The appropriate code is Limited assistance (2).
Mr. S was able to toilet independently without assistance 18 times during the 7-day look-back period. The other two times toileting occurred during the 7-day look-back period, he required the assistance of staff to pull the zipper up on his pants.

Independent (i.e., Code 0) cannot be the code entered on the MDS for this ADL activity because in order to be coded as Independent (0), the resident must complete the ADL without any help or oversight from staff every time. The scenario does not meet the definition for Limited Assistance (2) because even though the assistance was non-weight-bearing, it was only provided twice in the look-back period.

After reviewing all three of the Rules of 3, the assessor realizes that none of them apply. The correct code is Supervision (1).
G0120 - Bathing

- How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair)

G0120A - Bathing Self-Performance

Code for the maximum amount of assistance received
- 0 - independent no help from staff
- 1 - supervision oversight help only
- 2 - physical help limited to transfer only
- 3 - physical help in part of bathing activity
- 4 - total dependence
- 8 - ADL activity itself did not occur during entire period or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

G0120B - Bathing Support Provided

- 0 - no setup or physical help from staff
- 1 - setup help only
- 2 - one person physical assist
- 3 - two+ person physical assist
- 8 - ADL activity itself did not occur during the entire period (or family and/or non-facility staff provided care 100% of the time for that activity for the 7 days)
If a nursing home has a policy that all residents are supervised when bathing (i.e., they are never left alone while in the bathroom for a bath or shower, regardless of resident capability), it is appropriate to code the resident self-performance as supervision.

The information gleaned from the assessment should be used to identify the resident’s actual functional deficits and risk factors, as well as to identify any possible contributing and/or risk factors related to the functional issues/conditions.

The next step is to develop an individualized care plan based directly on these conclusions.

The focus of the care plan should be to address the underlying cause or causes, improving or maintaining function when possible, and preventing additional decline when improvement is not possible.
Cognitive skills for daily decision making has a value of 0 through 2 or BIMS summary score is 5 or greater, while ADL assistance is required.

Cognitive skills for daily decision making has a value of 0 through 2 or BIMS summary score is 5 or greater, while any balance during transition item has a value of 1 or 2.

Cognitive skills for daily decision making has a value of 0 through 2 or BIMS summary score is 5 or greater, while resident or staff believes he/she is capable of increased independence.

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Questions?

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