

# 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"/> |                                 |                          |                          |

## Section GG Self-Care and Mobility Items

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, and 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 100: 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>      |  |

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 Functional 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.             |               |      |              |

| 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 ft 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>G: Car Transfer</b>                |       | <b>Q: Does the Patient Use a Wheelchair and/or Scooter?</b>   |       |
| <b>I: Walk 10 ft</b>                  |       | <b>R: Wheel 50 ft with Two Turns</b> Manual <input type="checkbox"/> Motorized <input type="checkbox"/> |       |
| <b>J: Walk 50 ft with Two Turns</b>   |       | <b>S: Wheel 150 ft</b> Manual <input type="checkbox"/> Motorized <input type="checkbox"/>               |       |

## SNF Quality Measures (2022)

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

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.

### Value-Based Payment Program

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

### Quality Reporting Program

| Measure  | Facility Score on ___/___/___ | Notes |
|--|-------------------------------|-------|
| Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NFQ #0674)   |                               |       |
| Application of Percent of Long-Term-Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631) |                               |       |
| Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP   |                               |       |
| Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury   |                               |       |
| Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)  |                               |       |
| Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)   |                               |       |
| Discharge Self-Care Scores for Medical Rehabilitation Patients (NQF #2635)   |                               |       |
| Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)   |                               |       |
| Transfer of Health Information to the Provider Post-Acute Care   |                               |       |
| Transfer of Health information to the Patient Post-Acute Care  |                               |       |

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

| Measure   | Facility Score on ___/___/___ | Notes |
|---|-------------------------------|-------|
| Medicare Spending Per Beneficiary – Post Acute Care (PAC) SNF QRP           |                               |       |
| Discharge to Community – PAC SNF QRP  |                               |       |
| 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.aota.org/pdpm](http://www.aota.org/pdpm)

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

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>