

# MDS ADL Coding Tip Sheet

## Key Points:

- Activity of daily living (ADL) Self-Performance measures what the resident actually did (not what he or she could, would, or should do) within each ADL category over the last 7 days.
- Assistance varies from day to day, from shift to shift, and even during a particular shift (look at the whole 24 hours).

## ADL – Self Performance

### Coding Section G1A Self Care Performance



#### Independent: NO TALK, NO TOUCH

No help or staff oversight at any time (and ADL occurred at least three times). Resident does ALL activity ALONE. For example, resident brushes teeth with no supervision, no cues, no set-up, and no hands-on assistance.



#### Supervision: TALK, NO TOUCH

Staff member provides oversight, encouragement, or cueing (verbal) three or more times, but does not provide physical (hands-on) assistance. For example, encouraging resident to drink water and resident takes a drink independently as you watch. Staff member uses MOUTH/VOICE only (no hands). Encouraging resident to toilet, resident completes toileting task as you monitor and cue.



#### Limited Assistance: TALK AND TOUCH

Resident highly involved in activity, staff member provide guided maneuvering of limbs or other NON-WEIGHT BEARING support. Staff member talks to the resident giving instructions or cues and touches the resident to guide. Staff member places hand on resident's back while walking (to guide) but DOES NOT provide weight bearing support.



#### Extensive Assistance: TALK, TOUCH, AND LIFT

Resident involved in activity, staff member provides WEIGHT BEARING support (e.g., muscle power to lift, move, or shift resident) during three or more instances. The resident performed part of the activity but staff member (one or more) provided weight-bearing assistance. For example, lifting a part of the resident's body such as leg into bed, pivot transfer, leg to apply socks, or lifting the resident's arm to assist in feeding.



#### Total Dependence: ALL ACTIONS ARE COMPLETED BY STAFF

Full staff member performance of an activity with no participation by resident for any aspect of the ADL activity occurred three or more times. Staff member performed the entire activity. For example, staff member using a Hoyer lift for transfer or performing total bed repositioning.



#### Activity occurred only once or twice

Activity did not occur but only once or twice in the entire 7-day period.



#### Activity did not occur

Activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity DURING THE ENTIRE SHIFT (over the entire 7-day period).

# MDS ADL Coding Tip Sheet

## ADL – Support Provided

### Coding Section G1B ADL Support Provided

Code for most support provided for all shifts; code regardless of resident's self-performance classification.



**0** | No set-up or physical help from staff member  
Resident is independent in task. No staff member performance required.



**1** | Set-up help only  
Resident performs activity after materials/devices are made available. For example, staff member laid out clothing, set walker in front of resident, set wheelchair at bedside.



**2** | One staff member physically assisted resident  
One staff member physically assists the resident to transfer from bed to chair or assists in turning resident.



**3** | Two+ persons physically assist resident  
Two or more staff members physically assist the resident to transfer from chair to bed.



**8** | ADL activity did not occur  
Activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity DURING the ENTIRE SHIFT (over the entire 7-day period).

Source: Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.  
Publication No. QN-11SOW-C.2-06012017-01



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

