

## Therapy Functional Levels/MDS ADL and Mobility Crosswalk

	Section G MDS	Section GG	Section GG
Therapy Functional Levels	ADL Self-Performance	Self-care & Mobility Scores	Prior Level Scores
	Score	(First/last 3 days of Med A	
	(7-day lookback)	stay)	
Dependent	Total Dependence (4)	Dependent (01)	Dependent (1)
Resident offers no physical assistance with the activity. Caregiver performs 100% of the task. One or more persons may be required to perform the activity.	Resident required full staff performance <u>every time</u> the activity occurred during the 7-day look back period.	Helper does ALL of the effort. Resident does none of the effort to complete the activity OR the assistance of 2 or more helpers is required for the resident to complete the activity	A helper completed the activities for the resident
Maximum Assistance		Substantial/Maximal Assistance	
Resident performs up to 25% of activity. Caregiver performs 76-99% of the task. One or more persons may be required to assist with the activity.	Extensive Assistance (3) Resident performed part of activity over the last 7 days and help of the following type was provided 3 or more times:	Helper does more than half the effort. Helper lifts, holds, or supports trunk or limbs and provides more than half the effort.	Needed Some Help (2) Resident needed partial assistance from another person to complete activities
Moderate Assistance Resident performs up to 50% of the activity. Caregiver performs 26-75% of the task, assisting resident through all or part of the activity.	Weight-bearing support provided 3 or more times- or-  Full staff performance of the activity 3 or more times during part but not all of the last 7 days	Partial/Moderate Assistance (03) Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs and provides less than half the	
Minimum Assistance		effort.	
Resident performs up to 99% of the activity. Caregiver performs 1-25% of the task, while physically guiding or assisting resident through part(s) of task.			
Contact Guard	Limited Assistance (2)	Supervision or Touching	
Resident performs 100% of the activity. Caregiver <u>maintains contact</u> for <u>safety only</u> , but is not providing physical assist.	Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non- weight-bearing assistance 3 or more times during the last 7 days	Assistance (04) Helper provides verbal cues and/or touching assistance and/or contact guard assistance as resident completes activity. Assistance may be provided throughout	
Stand-by-assist	Supervision (1)	the activity or intermittently.	
Resident performs 100% of the activity. Caregiver is within physical contact of resident, but intervenes only if resident becomes at risk for falling.	Resident required oversight, encouragement, or cueing 3 or more times during the last 7 days		
		Set up or Clean-up Assistance (05) Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following activity.	
Independent/Modified Independent Resident performs 100% of activity. Resident demonstrates proper safety techniques throughout activity and does not require any type of assistance by caregiver. May require assistive device/adaptive equipment or increased time (modified independent).	Independent (0) Resident fully completed activity without any help or oversight <u>every</u> <u>time</u> during the 7-day look-back period	Independent (06) Resident completes activity by him/herself with no assistance from a helper	Independent (3) Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper
	<ul> <li>7 – Activity occurred only once or twice, but not 3 times during the last 7 days</li> <li>8 – Activity did not occur/was not performed by resident or staff during the last 7 days</li> </ul>	07 – Patient refused 09 – Not applicable 88 – Not attempted due to medical condition or safety concerns 10 – Not attempted due to environmental limitations	8 – Unknown 9 Not Applicable