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SNF QRP & Section GG: What it Takes to Get the Coding Right

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View the entire course including any applicable handouts/resources. Complete a post-test assessment. You must score 80% or better on the post-test and complete the course evaluation to earn a certificate of completion for this activity. If required, Select Rehabilitation will report attendance to CE Broker.

ABOUT THE COURSE AUTHOR

Dr. Kathleen Weissberg, (MS in OT, 1993; Doctoral 2014) in her 30 years of practice, has worked in rehabilitation and long-term care as an executive, researcher and educator. She has established numerous programs in nursing facilities; authored peer-reviewed publications on topics such as low vision, dementia quality care, and wellness; has spoken at numerous conferences both nationally and internationally, for 20+ State Health Care Associations, and for 25+ state LeadingAge affiliates. She provides continuing education support to over 30,000 therapists, nurses, and administrators nationwide as National Director of Education for Select Rehabilitation. She is a Certified Dementia Care Practitioner, Certified Montessori Dementia Care Practitioner, Certified Fall Prevention Specialist, and a Certified Geriatric Care Practitioner. She serves as the Region 1 Director for the American Occupational Therapy Association Political Action Committee and is an adjunct professor at Gannon University in Erie, PA.

POST-TEST

1. Which of the following statements about coding Section GG is false?
 - a) Residents should be allowed to perform activities as independently as possible, as long as they are safe
 - b) Activities may be completed with or without assistive device(s)
 - c) Coding should be based on "usual performance"
 - d) Coding should be based on the most independent or dependent

2. How would the following example be coded: GG0130C. Toileting Hygiene: Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself, pulls her underwear back up, and adjusts her gown.
 - a) 05. Setup or clean-up assistance
 - b) 04. Supervision or touching assistance
 - c) 03. Partial/moderate assistance
 - d) 02. Substantial/maximal assistance
3. How would the following example be coded: GG0170B. Sit to Lying: Mrs. H requires assistance from two certified nursing assistants to transfer from sitting at the edge of the bed to lying flat on the bed due to paralysis on her right side, obesity, and cognitive limitations. One of the certified nursing assistants explains to Mrs. H each step of the sitting to lying activity. Mrs. H is then fully assisted to get from sitting to a lying position on the bed. Mrs. H makes no attempt to assist when asked to perform the incremental steps of the activity.
 - a) 04. Supervision or touching assistance
 - b) 03. Partial/moderate assistance
 - c) 02. Substantial/maximal assistance
 - d) 01. Dependent
4. How would the following example be coded: GG0130B. Oral Hygiene: Ms. K suffered a stroke a few months ago that resulted in cognitive limitations. She brushes her teeth at the sink, but is unable to initiate the task on her own. The occupational therapist cues Ms. K to put the toothpaste onto the toothbrush, brush all areas of her teeth, and rinse her mouth after brushing. The occupational therapist remains with Ms. K providing verbal cues until she has completed the task of brushing her teeth.
 - a) 06. Independent
 - b) 05. Setup or clean-up assistance
 - c) 04. Supervision or touching assistance
 - d) 03. Partial/moderate assistance
5. How would the following example be coded: GG0130F. Upper Body Dressing: Mrs. Y has right-side upper extremity weakness as a result of a stroke and has worked in therapy to relearn how to dress her upper body. During the day, she requires a certified nursing assistant only to place her clothing next to her bedside. Mrs. Y can now use compensatory strategies to put on her bra and top without any assistance. At night she removes her top and bra independently and puts the clothes on the nightstand, and the certified nursing assistant puts them away in her dresser.
 - a) 06. Independent
 - b) 05. Setup or clean-up assistance
 - c) 04. Supervision or touching assistance
 - d) 03. Partial/moderate assistance
6. How would the following example be coded: GG0130G. Lower Body Dressing: Mrs. M has severe rheumatoid arthritis and multiple fractures and sprains due to a fall. She has been issued a knee brace, to be worn during the day. Mrs. M threads her legs into her garments, and pulls up and down her clothing to and from just below her hips. Only a little assistance from a helper is needed to pull up her garments over her hips. Mrs. M requires the helper to fasten her knee brace because of grasp and fine motor weakness.
 - a) 04. Supervision or touching assistance
 - b) 03. Partial/moderate assistance
 - c) 02. Substantial/maximal assistance
 - d) 01. Dependent

7. How would the following example be coded: GG0170F. Toilet Transfer: Mrs. S is on bedrest due to a medical complication. She uses a bedpan for bladder and bowel management.
 - a) 07. Patient/resident refused
 - b) 09. Not applicable
 - c) 10. Not attempted due to environmental limitations
 - d) 88. Not attempted due to medical condition or safety concerns

8. How would the following example be coded: GG0130I. Personal Hygiene: A certified nursing assistant takes Resident L's comb, razor, and shaving cream from the drawer and places them at the bathroom sink. Resident L combs their hair and shaves daily. During the observation period, they required cueing to complete their shaving tasks.
 - a) 06. Independent
 - b) 05. Setup or clean-up assistance
 - c) 04. Supervision or touching assistance
 - d) 03. Partial/moderate assistance

9. Which of the following statements is true regarding the SNF QRP?
 - a) To obtain the discharge function score, if the code is between 01 and 06, use the code as the value.
 - b) To obtain the discharge function score, if the code is 07, 09, 10, 88, or dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value.
 - c) Covariates for the D/C Function Score include, but are not limited to: history of falls, cognitive abilities, primary medical diagnosis, continence status, and prior level of function.
 - d) All of the above

10. Which of the following is/are considered best practice with regard to Section GG ADL Coding?
 - a) Follow the RAI instructions and definitions for scoring each item
 - b) Complete routine audits of Section GG against medical record documentation
 - c) Complete regular education for all clinical staff
 - d) All of the above

The post-test and corresponding course evaluation can be accessed at:
https://www.surveymonkey.com/r/Section_GG_On_Demand

Or by using the following QR Code:



If all course requirements have been met, a certificate will be emailed from Select Rehabilitation to the email address reported in the course follow-up survey.

Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at kweissberg@selectrehab.com


If accessibility of learning is required, please contact Kathleen Weissberg at kweissberg@selectrehab.com for appropriate accommodations.



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Objectives


1. Describe how key areas of the MDS including Section GG are calculated and scored
2. Identify documentation requirements in the medical record to support MDS scoring in Section GG
3. Identify the impact of Section GG coding on SNF QM/QRP along with strategies to improve compliance


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Coding Tips and Definitions

- Assess resident status based on direct observation; resident self-report; and reports from the clinician, care staff, or family as documented in medical record
- Do not record best or worst performance
- Do not record the staff's assessment of the resident's potential capability to perform the activity



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Coding Tips and Definitions

- Residents should be allowed to perform activities as independently as possible, as long as they are safe
- Activities may be completed with or without assistive device(s)
 - Assistive device should not affect coding
- Code based on "usual performance"
 - Not the most independent or dependent



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Coding Tips and Definitions

- If a helper is required (i.e., resident is unsafe), only consider staff assistance when scoring
- A "helper" is facility staff who are direct employees and facility-contracted employees



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Coding Tips and Definitions



- Residents with cognitive impairments may need physical or verbal assistance
- Code based on the resident's need for assistance to perform the activity safely



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Coding Tips and Definitions

- CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility activities
- Do not code self-care and mobility activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems)



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6-Point Rating Scale

06

- Independent
- If the resident completes the activity with no assistance from a helper

05

- Setup or clean up assistance
- If the helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity, but not during the activity

04

- Supervision or touching assistance
- If the helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity.
- Assistance may be provided throughout or intermittently.
- If the resident requires only verbal cueing to complete the activity safely



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6-Point Rating Scale

03

- Partial/moderate assistance
- If the helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

02

- Substantial/maximal assistance
- If the helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01

- Dependent
- If the helper does all of the effort. Resident does none of the effort to complete the activity; or the assistance of two+ or more helpers is required.
- Even if the second helper provides supervision/ stand-by assist only and does not end up needing to provide hands-on assistance.
- One helper provides support and the other manages equipment




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If Activity was Not Attempted


- 07
 - Resident refused
 - If the resident refused to complete the activity
- 09
 - Not applicable
 - If the resident did not perform this activity prior to the current illness, exacerbation, or injury
- 88
 - Not attempted due to medical condition or safety concerns
 - If the activity was not attempted due to medical condition or safety concerns
- 10
 - Not attempted due to environmental limitations
 - For example, lack of equipment or weather constraints

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What Does it Mean?


- 07
 - Refusal
 - Resident or staff
- 09
 - Not applicable
 - Did not perform prior to admit
- 88
 - Medical or safety concern
 - Documentation should support
- 10
 - Environmental limitations

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If Activity was Not Attempted

- 07, 09, 88, 10 should not be used if you did not directly assess the item during your evaluation
 - All attempts should be made to obtain the information from other sources**
- 09 should be a rare score for eating, toileting, and bed mobility items
 - This essentially says the person did not eat, eliminate, or move in/out of bed at all prior to hospitalization
- Do not leave blank
- Do not score dashes
 - CMS expects dashes to be very rare

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Helper Effort Made Simple


2 Helpers	Less Than Half	More Than Half
<ul style="list-style-type: none"> • 01. Dependent • Even if resident participates • Following behind with a W/C counts 	<ul style="list-style-type: none"> • 03. Partial/ Moderate Assist • Resident performs more than half • May lift/support limbs/trunk 	<ul style="list-style-type: none"> • 04. Substantial/ Maximal Assist • Resident performs less than half • May lift/support limbs/trunk

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Question:
Who should be involved in coding the Section GG self-care and mobility data elements?


Answer:
CMS anticipates an interdisciplinary team of clinicians is involved in assessing the resident. Resident assessments are to be done in compliance with facility, State, and Federal policies.

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Lookback Period

- Admission
 - Medicare Part A stay -- first 3 days of the Part A stay
 - Non-Medicare stay -- first 3 days of their stay (Entry Date)
- Discharge
 - Medicare Part A stay -- End Date of Most Recent Medicare Stay plus 2 previous calendar days.
 - All others -- Discharge Date plus 2 previous calendar days.
- OBRA-required assessment other than an Admission assessment -- ARD plus 2 previous calendar days.

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Lookback Period

- For residents in a Medicare Part A stay, the admission functional assessment, when possible, should be conducted prior to the benefit of services in order to reflect the resident's true admission baseline functional status.
- Prior to the Benefit of Services
 - Prior to provision of any care by facility staff that would result in more independent coding.



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Planning for Care

- Most nursing home residents need some physical assistance and are at risk of further physical decline.
- Dependence on others for ADL assistance can lead to feelings of helplessness, isolation, diminished self-worth, and loss of control over one's destiny.
- As inactivity increases, complications such as pressure ulcers, falls, contractures, depression, and muscle wasting may occur.
- Many residents may require lower levels of assistance if they are provided with appropriate devices and aids, assisted with segmenting tasks, or given adequate time to complete a task while being provided with graduated prompting and assistance.
- Most residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding self-involvement in ADLs.
- Graduated prompting/task segmentation and allowing the resident time to complete an activity can often increase functional independence.



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GG0130A. Eating



Ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. Includes modified food consistency.



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GG0130A. Eating Guidance

- Resident receives tube feedings:
 - Relies solely on tube feedings due to new diagnosis, code 88
 - Did not eat prior to admission and used a tube feeding, code 09
 - Partial nutrition via tube feeding, code eating based on what he/she is able to eat by mouth
 - Assistance with tube feedings or parenteral nutrition is not considered.
- Code finger foods based on amount of assist provided



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GG0130A. Eating Guidance

- If a resident requires assistance (e.g., supervision or cueing) to swallow safely, code based on the type and amount of assistance required for feeding and safe swallowing.
- If a resident swallows safely without assistance, exclude swallowing from consideration when coding GG0130A, Eating.
- For a resident taking only fluids by mouth, the item may be coded based on ability to bring liquid to the mouth and swallow liquid, once the drink is placed in front of the resident.



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GG0130B. Oral Hygiene

- The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
- For a resident who is edentulous, code Oral hygiene based on the type and amount of assistance required from a helper to clean the resident's gums.



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GG0130C. Toileting Hygiene



The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.



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GG0130C. Toileting Hygiene Guidance

- Toileting hygiene takes place before and after use of the toilet, commode, bedpan, or urinal
 - If completed in bed, code based on need for assistance managing clothing and perineal cleansing
- Includes performing perineal hygiene, managing clothing before and after voiding or having a bowel movement, adjusting clothing relevant to the individual resident.



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GG0130C. Toileting Hygiene Guidance

- If the resident has an indwelling urinary catheter and has bowel movements, code based on assistance needed with bowel movements
- If different levels of assistance are required, code based on assistance with entire activity
- With ostomy -- toileting hygiene includes wiping the opening of the ostomy or colostomy bag, but not management of the equipment
- With catheter -- toileting hygiene includes perineal hygiene to the indwelling catheter site, but not management of the equipment.



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GG0130E. Shower/Bathe Self



The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.



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GG0130E, Shower/Bathe Self Guidance

- Includes ability to wash, rinse, and dry upper/lower body, perineal area, feet
 - Do not include back or hair
 - Do not include transfer
- Can take place in any location; can be assessed using a tub bench
- Code 05, Setup or clean-up assistance, if the resident can complete bathing tasks only after a helper retrieves or sets up supplies necessary to perform the included tasks – or – to cover wounds/devices for water protection



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GG0130F. Upper Body Dressing

The ability to dress and undress above the waist; including fasteners if applicable.



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GG0130G. Lower Body Dressing



The ability to dress and undress below the waist, including fasteners. Does not include footwear.



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GG0130H. Putting On/Taking Off Footwear

The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.



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Coding Guidance for Dressing

- If helper only retrieves or puts away clothing, code as 05, Setup or clean-up assistance
- Help with buttons and/or fasteners is considered touching assistance
 - If a resident requires assistance with dressing, including assistance with buttons, fasteners and/or fastening a bra, code based on the type and amount of assistance required to complete the entire dressing activity.
- Elastic bandages, elastic stockings, orthosis or prosthesis is counted as a piece of clothing when determining amount of assistance



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Coding Guidance for Dressing

- Upper body dressing items: bra, undershirt, T-shirt, button-down shirt, pullover shirt, dresses, sweatshirt, sweater, nightgown (not hospital gown), and pajama top
 - Upper body dressing cannot be assessed based solely on donning/doffing a hospital gown
- Lower body dressing items: underwear, incontinence brief, slacks, shorts, capri pants, pajama bottoms, and skirts
- Footwear dressing items: socks, shoes, boots, and running shoes



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Coding Guidance for Dressing

- Upper body dressing examples: thoracic-lumbar-sacrum orthosis (TLSO), abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, hand or arm prosthetic/orthotic
- Lower body dressing examples: knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis
- Footwear examples: ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking boots, compression stockings (considered footwear because of dressing don/doff over foot)



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Coding Guidance for Dressing

- For bilateral LE amputations, footwear don/doff may not occur
 - If the resident performed the activity prior to SNF stay, code as 88
 - If the resident did not perform the activity prior to SNF stay, code as 09



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Coding Guidance for Dressing

- Single LE amputation, can code intact LE or both (w/prosthesis)
- If the resident performed the activity of putting on/taking off footwear for the intact limb only, then code based upon the amount of assistance needed to complete the activity
- If the resident performed the activity of putting on/taking off footwear for both the intact limb and the prosthetic limb, then code based upon the amount of assistance needed to complete the activity



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GG0130I. Personal Hygiene

Ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands (excludes baths, showers, and oral hygiene).



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GG0170A. Roll Left and Right



The ability to roll from lying on back to left and right side and return to lying on back on the bed.



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Coding Guidance for Rolling Right/Left

If the resident does not sleep in a bed, clinicians should assess bed mobility activities using the alternative furniture on which the resident sleeps (for example, a recliner).



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GG0170B. Sit to Lying

The ability to move from sitting on side of bed to lying flat on the bed



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GG0170C. Lying to Sitting on Side of Bed



The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support



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GG0170C. Lying to Sitting on Side of Bed Guidance

- The activity includes transitions from lying on the back to sitting on the side of the bed with feet flat on the floor and sitting upright on the bed without back support
- Use clinical judgment to determine what is considered a "lying" position for a particular resident
- If the do not reach the floor, determine if a bed height adjustment is required



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GG0170C. Lying to Sitting on Side of Bed Guidance

- Back support refers to an object or person providing support for the resident's back
- If the qualified clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code activities as 88, Not attempted due to medical condition or safety concern



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GG0170D. Sit to Stand



The ability to safely come to a standing position from sitting in a chair or on the side of the bed



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GG0170D. Sit to Stand Guidance



- Coming to a standing position from any sitting surface
- If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to-stand lift, then code as 01, Dependent
- If a full-body mechanical lift is used to assist with transfers, code using appropriate ANA code
- Code as 05, Setup or clean-up assistance, if the only help is to retrieve an assistive device or adaptive equipment



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GG0170E. Chair/Bed-to-Chair Transfer

The ability to safely transfer to and from a bed to a chair (or wheelchair)



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GG0170E. Chair/Bed-to-Chair Transfer Guidance

- Transfer may be a stand-pivot, squat-pivot, or sliding board
- (Bed to chair) -- Assessment begins with the resident sitting at the edge of the bed (or alternative sleeping surface) and ends with the resident sitting in a chair/WC
- (Chair to bed) -- Assessment begins with the resident sitting in a chair/WC and ends with the resident returning to sitting at the edge of the bed (or alternative sleeping surface)
- Sit to lying and lying to sitting are assessed separately
- When possible, the transfer should be assessed in an environmental situation in which taking more than a few steps would not be necessary to complete the transfer
- If a mechanical lift is used and two helpers are needed to assist with the transfer, then code as 01, Dependent, even if the resident assists with any part of the chair/bed-to-chair transfer



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GG0170F. Toilet Transfer



The ability to safely get on and off a toilet (with or without a raised toilet seat) or bedside commode



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GG0170F. Toilet Transfer Guidance

- Toileting hygiene, clothing management, and transferring on and off a bedpan are not considered
- Code as 05, Setup or clean-up assistance, if the resident requires a helper to position/set up the bedside commode before and/or after the resident's bed-to-commode transfers (e.g., place at an accessible angle/location next to the bed)



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GG0170FF. Tub/shower Transfer



Tub/shower transfers involve the ability to get into and out of the tub or shower. Do not include washing, rinsing, drying, or any other bathing activities in this item.



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GG0170G. Car Transfer

The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.



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GG0170G. Car Transfer

- Can use an indoor car to simulate
- Does not include getting to/from vehicle, opening/closing the car door, or fastening/unfastening the seat belt
- If the resident remains in a WC and does not transfer in/out of a car or van seat, then the activity is not considered completed, use appropriate ANA code
- Set up of device for walking to car, but not used for transfer, is not considered when coding
- In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire assessment period, then use code 10, Not attempted due to environmental limitations.



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GG0170I. Walk 10 Feet



Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 – Skip to GG0170M, 1 step (curb).



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GG0170J. Walk 50 feet with Two Turns



Once standing, the ability to walk at least 50 feet and make two turns



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GG0170K. Walk 150 feet

Once standing, the ability to walk at least 150 feet in a corridor or similar space



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GG0170L. Walking 10 Feet on Uneven Surfaces



The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoors) such as turf or gravel.



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Walking Coding Guidance

- Walking activities do not need to occur during one session
 - Resident may rest between activities, complete at different times of the day or different days
- Do not consider mobility performance when using parallel bars
- The 90 degree turns can be in the same direction or different directions
 - Should occur at the person's ability level and can include use of an assistive device



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Walking Coding Guidance

- Assessment of the walking activities starts with the resident in a standing position
- A walking activity cannot be completed without some level of resident participation that allows resident (i.e., a helper cannot complete the activity for a resident)
- Resident may take a brief standing rest break. If they need to sit, consider unable to complete and use appropriate ANA code.
- Use clinical judgment; may combine multiple walking activities and assess overlapping and/or sequential activities



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Walking Coding Guidance

- If the environment does not accommodate a walk of 150 feet without turns, but the resident demonstrates the ability to walk, with or without assistance, 150 feet with turns without jeopardizing the resident's safety, code using the 6-point scale.
- Walking 10 feet on uneven surfaces can be assessed inside or outside. Use clinical judgment in determining what is "uneven."



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GG0170M. 1 Step (Curb)



The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 – Skip to GG0170P, Picking up object.



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GG0170N. 4 Steps



The ability to go up and down 4 steps with or without a rail.



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GG0170O. 12 Steps

The ability to go up and down 12 steps with or without a rail.



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Step/Stair Coding Guidance

- Getting to and from the stairs is not included when coding the curb or step activities
- Ascending and descending stairs does not have to occur sequentially or during one session
- If completed sequentially, the resident may take a standing or seated rest break
- If a helper is required to bump up/down stair in WC, code as 01, Dependent.
- A resident who uses a wheelchair may be assessed going up and down stairs (including one step or curb) in a wheelchair. Code based on the type and amount of assistance required from the helper.



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Step/Stair Coding Guidance

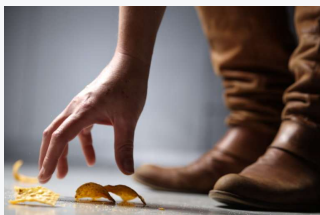
- If a physician-prescribed restriction, but could perform before, code 88
- Assess the resident going up and down one step or up and down over a curb. If both are assessed, and the resident's performance going up and down over a curb is different from their performance going up and down one step, code based on the activity with which the resident requires the most assistance
- If a resident's environment does not have 12 steps, the combination of going up and down 4 stairs three times consecutively in a safe manner is an acceptable alternative



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GG0170P. Picking Up Object



The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.



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Picking Up an Object Coding Guidance

- Must be assessed from a standing position. If the resident is not able to stand, use appropriate ANA code.
- If a standing resident is unable to pick up a small object from the floor, therefore requiring the helper to assist, use appropriate code (01, 02, 03) depending on effort
- Assistive devices and adaptive equipment may be used, for example, a cane to support standing balance and/or a reacher to pick up the object.



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CMS' Vision For SNF QRP Program

- "We seek to promote higher quality and more efficient health care for Medicare beneficiaries, and our efforts are furthered by QRPs coupled with public reporting of that information."



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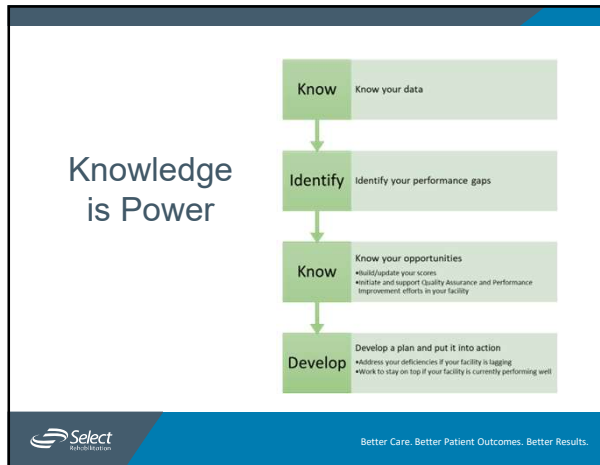
Why is SNF QRP Significant?

- The SNF QRP Data is publicly available
 - Could impact referral patterns
 - Marketplace dynamics
 - Used by hospitals and peers competitors to leverage partnerships as networks continue to narrow



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MDS – Minimal Change

- Section GG: Self-care and Mobility
 - The removal for the discharge goal column from the 5- day Medicare MDS

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Percent of Residents Whose Ability to Walk Independently Worsened

- Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in the ability to walk independently when comparing their target assessment with the prior assessment.
- Decline identified by:
 - Recoding all values (GG0170I = [07, 09, 10, 88]) to (GG0170I = [01]).
 - A decrease of one or more points on the “Walk 10 feet” item between the target assessment and prior assessment (GG0170I on target assessment – GG0170I on prior assessment \leq -1).²²

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

- This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.
 - Sit to Lying
 - Sit to Stand
 - Eating
 - Toilet Transfer



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SNF QRP

- CMS has removed the SNF QRP Measure related to the Percent of Patients with and Admission and Discharge Functional Assessment and a Care Plan that Addresses Function for the program
 - Focus was completing admission assessment and setting at least one goal
 - Performance of this measure was so high that meaningful distinctions in improvement can no longer be made
- Discharge Function Measures that are more strongly associated with the desired resident outcomes



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Discharge Function Score

- | | |
|---|---|
| • GG0130A3. Eating | • GG0170E3. Chair/bed-to-chair transfer |
| • GG0130B3. Oral hygiene | • GG0170F3. Toilet transfer |
| • GG0130C3. Toileting hygiene | • GG0170I3: Walk 10 Feet* |
| • GG0170A3. Roll left and right | • GG0170J3: Walk 50 Feet with 2 Turns* |
| • GG0170C3. Lying to sitting on side of bed | • GG0170R3. Wheel 50 feet with 2 Turns* |
| • GG0170D3. Sit to stand | |



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Discharge Function Score

- To obtain the discharge function score, use the following procedure:
 - If code is between 01 and 06, use the code as the value.
 - If code is 07, 09, 10, 88, dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value.



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Covariates for D/C Function Score

- | | |
|---|---|
| <ul style="list-style-type: none"> Age group Admission function – continuous Admission function – squared Primary medical condition category Interaction between admission function and primary medical condition category Prior surgery Prior functioning: self-care Prior functioning: indoor mobility (ambulation) Prior functioning: stairs Prior functioning: functional cognition | <ul style="list-style-type: none"> Prior mobility device use Stage 2 pressure ulcer/injury Stage 3, 4, or unstageable pressure ulcer/injury Cognitive abilities Communication impairment Urinary Continence Bowel Continence History of falls Nutritional approaches High BMI Low BMI Comorbidities No physical or occupational therapy at the time of admission |
|---|---|



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Discharge Function Score

- Numerator
 - The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.
- Denominator
 - The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.



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What is a Type 1 Stay?

- Type 1 Stay
 - A PPS 5-Day assessment matched with a PPS Discharge Assessment
 - No Death in Facility Tracking Record within the SNF Stay



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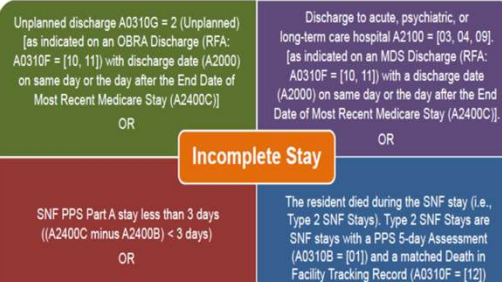
Discharge Function Score

- Exclusions
 - Incomplete Part A stay
 - Unplanned discharge
 - Discharge to acute hospital, psychiatric hospital, long-term care hospital
 - PPS stay less than 3 days
 - Resident died during the SNF stay
 - Resident has any of the following at admission: coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain
 - Resident is younger than age 18:
 - Resident discharged to hospice or received hospice while a resident
 - Resident did not receive PT or OT services at the time of admission



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Tips For Ensuring Accurate ADL Documentation

- How often have you reviewed what has been coded versus checking that something was coded?
- How often are you talking to your staff about ADLs and documentation?
- Have you recently reviewed your ADL documentation process for possible improvement?
- Do have an electronic ADL documentation software?
- How often is ADL documentation completed?
- How are your leaders educating the staff when coding discrepancies are identified?



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Keys to Success

- Education is key!
 - At hire and annually on ADL Documentation
- Compliance is Key – Oversight/random audits and investigate discrepancies
- Follow the RAI instructions and definitions for scoring each item
- Have probing conversations with staff about resident's ADL performance (RAI G-11)
- Provide mentors, tools and resources



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What Can You Do?

- Audit documentation against GG scores/MDS data
- IDT communication for GG scores
- Educate all staff for appropriate coding
- Ensure nursing documentation captures GG data



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