

MDS READINESS FOR PDPM

CAHF SUMMER CONFERENCE

JULY 16, 2019

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OBJECTIVES

- Participants will understand the MDS components that will impact PDPM.
- Participants will understand the difference between Section G and GG of the MDS assessment.
- Participants will understand the impact Section GG has on the Patient Driven Payment Model (PDPM).
- Participants will understand how Section GG coding impacts the Function Score.

MDS CHANGES UNDER PDPM

- MDS Schedule Changes
- Interim Payment Assessment
- Interrupted Stay
- No Impact on the OBRA Schedule
- Elimination of OMRAs

PDPM ASSESSMENT SCHEDULE

Medicare MDS Type	Assessment Reference Date	Medicare Payment Days
PPS 5 Day Assessment	Days 1 - 8	All Part A days till discharge unless IPA is completed
Interim Payment Assessment (IPA)	Optional Assessment	ARD of IPA through Part A discharge unless another IPA is completed
PPS Discharge Assessment	End of PPS Stay – A2400C	N/A

SECTION C: COGNITION

- Brief Interview for Mental Status (BIMS)
 - All MDS
 - Including Unplanned Discharge MDS
- SLP Component

Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6

SECTION D: PHQ-9 CODING

PHQ-9, Beck Depression Inventory (PHQ-9)
 Easy-to-Administer, Validated, and Reliable
 Easy to Administer: "Over the last 2 weeks, how often have you been bothered by any of the following problems?"
 Easy to Score: "How often have you been bothered by any of the following problems?"
 Easy to Interpret: "How often have you been bothered by any of the following problems?"

1. Symptom Presence
 1. Not at all
 2. A few days
 3. More than a few days
 4. Nearly every day

2. Symptom Frequency
 1. Not at all
 2. A few days
 3. More than a few days
 4. Nearly every day

Enter Scores in Boxes

Presence of Depression
 10 – 27 Resident Interview
 10 – 30 Staff Interview

Nursing Function Score (see Step 6)	Depressed (see Step 21)	PDPM Nursing Classification Group
0-5	Yes	HDE2
	No	HDE1
6-14	Yes	HBC2
	No	HBC1

SECTION I: DIAGNOSES

R0208. Indicate the resident's primary medical condition category

Complete only if R0210B = 01 or 08

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Item C08

- 01. Stroke
- 02. Non-Traumatic Brain Dysfunction
- 03. Traumatic Brain Dysfunction
- 04. Non-Traumatic Spinal Cord Dysfunction
- 05. Traumatic Spinal Cord Dysfunction
- 06. Progressive Neurological Conditions
- 07. Other Neurological Conditions
- 08. Amputation
- 09. Hip and Knee Replacement
- 10. Fractures and Other Multiple Trauma
- 11. Other Orthopedic Conditions
- 12. Disability, Cardiorespiratory Conditions
- 13. Multifactorial Conditions

R0208. R/D Code

SLP COMORBIDITIES

Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia / Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy (while a resident)	Oral Cancer
Ventilator (while a resident)	Speech & Language Deficits

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Diabetes Mellitus (DM) Code	MDS Item I2900	2

Condition/Extensive Service	Source	Points
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1

Condition/Extensive Service	Source	Points
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Malnutrition Code	MDS Item I5600	1

Condition/Extensive Service	Source	Points
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

SECTION J: SURGERY

- J1100 - Shortness of Breath
 - Lying flat
 - Sitting at rest
 - On exertion
- J1550A - Fever
- J2000 - Surgery

SECTION J: SURGERY

Section J	Health Conditions
Surgical Procedures - Complete only if J2100 - 1	
Check all that apply	
Major Joint Replacement	
<input type="checkbox"/>	J2100. Knee Replacement - partial or total
<input type="checkbox"/>	J2110. Hip Replacement - partial or total
<input type="checkbox"/>	J2120. Ankle Replacement - partial or total
<input type="checkbox"/>	J2130. Shoulder Replacement - partial or total
Spinal Surgery	
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerves
<input type="checkbox"/>	J2410. Involving fusion of spinal bones
<input type="checkbox"/>	J2420. Involving fusion, discs, or discs
<input type="checkbox"/>	J2430. Other major spinal surgery
Other Orthopedic Surgery	
<input type="checkbox"/>	J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
<input type="checkbox"/>	J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
<input type="checkbox"/>	J2520. Repair foot and ankle joints
<input type="checkbox"/>	J2530. Repair other bones (such as hand, foot, jaw)
<input type="checkbox"/>	J2590. Other major orthopedic surgery
Neurological Surgery	
<input type="checkbox"/>	J2600. Involving the brain, surrounding tissue or blood vessels (includes skull and skull but includes capital nerves)
<input type="checkbox"/>	J2610. Involving the peripheral or autonomic nervous system - nerves or plexuses
<input type="checkbox"/>	J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
<input type="checkbox"/>	J2690. Other major neurological surgery
Cardiopulmonary Surgery	
<input type="checkbox"/>	J2700. Involving the heart or major blood vessels - open or percutaneous procedures
<input type="checkbox"/>	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
<input type="checkbox"/>	J2790. Other major cardiopulmonary surgery

SECTION K: SWALLOWING

Speech Language Component

- K0100 - Swallowing Disorder

K0100. Swallowing Disorder
Signs and symptoms of possible swallowing disorder
Check all that apply
<input type="checkbox"/> A. Loss of liquid/food from mouth when eating or drinking
<input type="checkbox"/> B. Holding food in mouth/choke or residual food in mouth after meals
<input type="checkbox"/> C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/> D. Complaints of difficulty or pain with swallowing

- K0510C - Mechanically Altered Diet

SECTION K: NUTRITION

■ K0510 – Nutritional Approaches

K0510: Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 days.

1. **While NOT a Resident**
Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.

2. **While a Resident**
Performed while a resident of this facility and within the last 7 days.

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

SECTION M: SKIN

- M0300 – Pressure Injuries
- M1040 – Other Skin Problems
 - Infection of Foot
 - Diabetic Foot Ulcer
 - Surgical wounds
 - Burns
- M1200 - Skin Treatments

SECTION O: SPECIAL TREATMENTS

O0100: Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last 14 days.

1. **While NOT a Resident**
Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank.

2. **While a Resident**
Performed while a resident of this facility and within the last 14 days.

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F. Invasive Mechanical Ventilator (invasive or non-invasive)	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Invasive Mechanical Ventilator (NIV/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION GG

CALCULATING ADL INDEX

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SECTION G AND GG DIFFERENCES

- Sections G – Functional Status
 - PPS Driven Reimbursement
 - CNAs Driven Documentation
 - Higher Score means Increased Dependence
- Section GG – Functional Abilities and Goals
 - PDPM Driven Reimbursement
 - Nursing and Therapy Driven Documentation
 - Higher Score means Increased Independence

G AND GG DIFFERENCE

Section G

- All residents
- 7 Day Look Back
- Actual Performance
- Code to Highest Level of assist
- 5 Point Scale
- “Rule of 3”

Section GG

- Medicare A Only
 - PPS 5 Day
 - SNF Part A PPS Discharge
- 3 Day Look Back
- Usual Performance
- 6 Point Scale
- No “Rule of 3”

“USUAL PERFORMANCE”

“Usual performance,” or baseline performance, which is identified as the resident’s usual activity/performance for any of the self-care or mobility activities, not the most independent performance and not the most dependent performance over the assessment period.

- Typical performance of the skill/task
- Do NOT code “potential” performance
- Documentation of staff assistance only

CODING SECTION GG

Functional Independence Measurement (FIM)

- Standard measure of functional outcomes
- Percentage of assist needed to complete task
- Weight bearing is not the focus

Section GG aligns SNFs with other Post-Acute Settings

Coding:

Safety and Quality of Performance - If helper assistance is required because patient’s/resident’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient/resident safely completes the activity by him/herself with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up, patient/resident completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient/resident completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - 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** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient/resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient/resident to complete the activity.

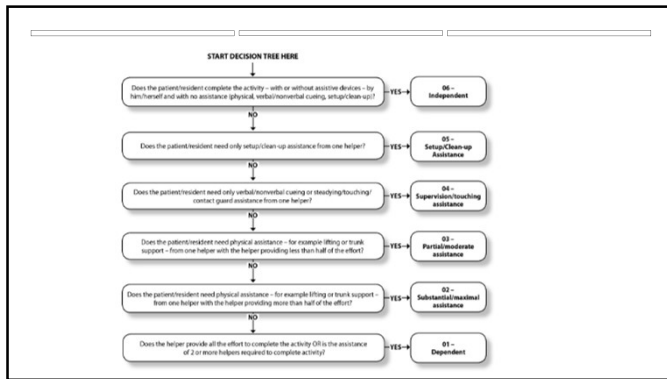
If activity was not attempted, code reason:

07. **Patient/resident refused**

09. **Not applicable** - Not attempted and the patient/resident did not perform this activity prior to the current illness, exacerbation, or injury.

10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

88. **Not attempted due to medical condition or safety concerns**



CODING SECTION GG

- Based on A2400 – Medicare Stay
- Usual Performance
 - First 3 days of stay
 - Last 3 days of stay

A2400. Medicare Stay
Complete only if A0310G1=0

(see Code)

A. Has the resident had a Medicare covered stay since the most recent entry?

0. No → Skip to B0305, Continuation

1. Yes → Continue to A2400B. Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:

Month Day Year

C. End date of most recent Medicare stay. Enter dashes if stay is ongoing:

Month Day Year

CODING SECTION GG

- Interim Payment Assessment (IPA)
 - 3 Day Lookback Period
 - Assessment Reference Date (ARD) and prior two days
 - 3 consecutive days

ADMISSION STATUS
ADMITTED
REJECTED
WAITLISTED
DECLINED
OTHER

1	Administration Performance Enter Codes in Boxes	2	Goal Discharge
<p>A. Eating: The 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.</p> <p>B. Oral hygiene: The ability to use suitable items to clean teeth. <i>Dentures (if applicable):</i> The ability to insert and remove dentures into and from the mouth, and manage denture washing and rinsing with use of equipment.</p> <p>C. Tolerating hygiene: The ability to maintain personal hygiene, adjust clothes before and after washing or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</p> <p>D. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (includes washing of back and hair). Does not include transferring in/out of tub/shower.</p> <p>E. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.</p> <p>F. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.</p> <p>G. 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.</p>			

[illegible]

DISCHARGE STATUS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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45	46
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49	50
51	52
53	54
55	56
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59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

3. Discharge Performance
(Enter codes in boxes)

A. Fatigue: The ability to use suitable methods to bring food and/or liquid to the mouth and swallow food and/or liquid once the item is placed before the resident.

B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

C. Toileting hygiene: The ability to maintain personal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an entery, include wiping the opening but not managing equipment.

E. Showers/baths skill: The ability to bathe self, including washing, rinsing, and drying self practices washing of back and hairy. Does not include transferring part of a tub/shower.

F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.

G. Lower body dressing: The ability to dress and undress below the waist, including fasteners, does not include fastener.

H. 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.

INTERIM PAYMENT ASSESSMENT

<div> <div>5.</div> <div>Interim Performance</div> <div>Enter Codes in Boxes</div> </div>		
	<p>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	
	<p>C. Lying to sitting on side of bed: The ability to 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.</p>	
	<p>D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</p>	
	<p>E. Chair/bed to chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</p>	
	<p>F. Toilet transfer: The ability to get on and off a toilet or commode.</p>	
	<p>I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to 18100, Appliances</p>	
	<p>J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.</p>	
	<p>K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</p>	

[illegible]

CODING SECTION GG

- Data Collection
 - Daily Documentation
 - Do NOT rely on CNAs documentation
- Observation Period
 - First 3 days
 - Last 3 days

- A. Eating:** The 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.
- B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
- C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
- E. 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.
- F. Upper body dressing:** The ability to dress and undress above the waist, including fasteners, if applicable.
- G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
- H. 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.

- A. 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.
- B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
- C. Lying to sitting on side of bed:** The ability to 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.
- D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
- F. Toilet transfer:** The ability to get on and off a toilet or commode.
- G. 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.
- I. 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)
- J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
- K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.	
M. 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	
N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object	
O. 12 steps: The ability to go up and down 12 steps with or without a rail.	
P. 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.	
<input type="checkbox"/>	Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

<h2>SECTION GG IMPACT</h2>	
	

<h2>GG IMPACT ON PDPM</h2>	
<ul style="list-style-type: none"> ▪ Each item in GG will have an assigned score 0-4 ▪ Three case-mix components use GG scoring <ul style="list-style-type: none"> - Total PT/OT functional score 0-24 - Total nursing functional score 0-16 ▪ Higher points for higher level of independence 	

SECTION GG SCORING

Scoring Response for Section GG Items		Score
05, 06	Set-up assistance, independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88	Dependent, refused, not attempted	0

PT A

PT / OT Section GG Item		Score
GG0130A1	Self-care: Eating	0-4
GG0130B1	Self-care: Oral Hygiene	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to Lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to Sitting	
GG0170D1	Mobility: Sit to Stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed to Chair Transfer	
GG0170F1	Mobility: Toilet Transfer	0-4 (average of 2 items)
GG0170J1	Mobility: Walk 50 feet with 2 turns	
GG0170K1	Mobility: Walk 150 feet	

PT AND OT COMPONENT

Nursing Section GG Item		Score
GG0130A1	Self-care: Eating	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to Lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to Sitting	
GG0170D1	Mobility: Sit to Stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed to Chair Transfer	
GG0170F1	Mobility: Toilet Transfer	

SECTION GG BEST PRACTICES

- Nursing Documentation – First / Last 3 Days
- IDT Meeting / Stand Up Meeting
- Electronic Communication
- Communication System with CNAs
- Data Capture Worksheet

ERROR.....BEWARE!

- Missing Functional Abilities on Day 1
- Missing Documentation
- Utilization of therapy score only



MDS CODING IS CRITICAL

- Monitor ARD and Lookback Periods
- Thoroughly review documentation of all sources
- Collaborate with nurses, therapists and IDT
- Interview residents independently



THANK YOU FOR ATTENDING

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