Revised Section GG
Arbor Rehabilitation Approach
Fall 2018

Why does it matter now?
• Started in 2016
• Revisions effective Oct. 1, 2018
• Increased areas for data collection
• Significantly increased importance!

Importance of Section GG
• Contributes to Nursing Home Compare = new admits
• Managed Care Contracts
• Validates the need for therapy
• CMS focus
Importance of Section GG
• Will HEAVILY contribute to patient scoring under PDPM

• PDPM- Patient Driven Payment Model start October 1, 2019

• Facility to be paid not by the amount of therapy but by diagnosis and functional scoring = SECTION GG

Importance of Section GG
• CMS focus on outcomes now
  - Facilities that perform well may result in increased funding to that site
  - Facilities that do not perform as well may see funding decreased

CMS is determining where they get the best value for their dollars- SNF, IRF, HH etc.

What has NOT changed...
• For Part A PPS payer source residents with at least a 3 day stay

• Collects mobility and ADL data for first 3 days of a Medicare Stay
• AND

• Collects mobility and ADL data from the last 3 days of the Medicare Stay for planned discharges
What has NOT changed...

- Basic ADL and Mobility areas
- Most of the coding levels
- Need for collaboration with nursing
- Need to report the person’s USUAL performance, not the best or worst, assess before the benefit of treatment

What has NOT Changed...

- One goal required - Optima usually requires 1 from Self care and 1 from Mobility if OT/PT involved.
- Goals may use “not attempted” codes (7,9,10,88) when GG goals not appropriate
- Use of equipment/devices does NOT impact score unless you need to cue person to use device or retrieve it for them

What has NOT Changed...

- Scoring is based on your observations and data gathered from “helpers”, do not assume skills
- CAREFULLY read each item descriptor and code according to the exact definition
New Areas in Section GG

- Section GG now also gathers data about prior level for self care, mobility, stairs and functional cognition

- Prior level scale is Independent, Needs some help, Dependent, Unknown and Unable

New Areas in Section GG

- Section GG will also gather data about prior device use including:
  - Manual wheelchair
  - Motorized wheelchair or scooter
  - Mechanical lift
  - Walker
  - Orthotics/Prosthetics
  - None
NEW Self Care Data Collection Areas

- **Shower/ Bathe self** - The ability to bathe self, including washing, rinsing, drying self, can be sponge bath (excludes washing back and hair) Does NOT include transfer.

- **UB Dressing** - The ability to dress above the waist includes fasteners and TLSO, abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, hand or arm prosthetic/orthotic. Does NOT include a hospital gown.

New Self Care Data Collection Areas

- **LB Dressing** - The ability to dress and undress below the waist includes knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis.

- **Footwear** - The ability to don/doff socks, shoes or other footwear that is appropriate for safe mobility, including fasteners if applicable. Also includes AFOs, elastic bandages, foot orthotics, orthopedic walking boots, compression stockings (considered footwear because of dressing don/doff over foot).

Coding Tips from CMS

**Eating**

- Resident receives tube feedings or TPN - if the resident relies solely on nutrition through tube feedings or TPN because of a recent-onset medical condition, code as 88. Assistance with tube feedings or TPN is not considered.

- If resident did not eat or drink by mouth prior to the current illness, injury, or exacerbation and still is NPO, code 09, Not applicable.

- If the resident eats and drinks by mouth, and relies partially on nutrition via tube feedings or TPN, code Eating based on the amount of assistance the resident requires to eat and drink by mouth.
Coding tips from CMS

• Eating- If the resident eats finger foods using his or her hands, then code Eating based upon the amount of assistance provided. If the resident eats finger foods with his or her hands independently, for example, the resident would be coded as 06, Independent.

• Toilet Hygiene- Remember this area does NOT include the transfer and does include bedpan use, commode etc. If foley in place, code for hygiene after bowel movement, also includes clothing management and management of incontinence products

New Mobility Data Collection Areas

➢ Rolling Left and Right- The ability to roll from lying on BACK and to L/ R side and return to lying on back in bed

➢ Car Transfer- The ability to transfer in/out of a car or van on PASSENGER side, does not include open/close door or fastening safety belt

➢ Walk 10 feet- Once standing, the ability to walk at least 10’ - if coded as Not Attempted (07,09, 10 or 88), skip to 1 step /curb question

New Mobility Data Collection Areas

➢ 1 Step (curb)- The ability to go up/down a curb or one step, if not attempted per codes 07,09,10,88- skip to “picking up object” question

➢ 4 Steps- The ability to go up/down 4 steps with or without a rail

➢ 12 Steps- The ability to go up/down 1 steps with/ without a rail

➢ Picking Up Object- The ability to bend/ stoop from a standing position to pick up small object (such as a spoon) from the floor
Coding tips from CMS for Mobility

- If a person can only walk 10' in parallel bars - code as “88” since not using a portable device
- If a person needs a stand lift or hoyer to transfer, code as “01”, dependent since 2 persons are needed
- If unable to assess bed mobility due to required HOB elevation, may code those 3 areas as “88” (IE HOB 30° due to PEG tube)

Coding Tips from CMS for Mobility

- Person walks less than required distances or cannot turn 90°, code those areas as “88” - not attempted due to medical concerns/ safety (Ability to walk 10’, 50’ with 2 turns or 150’)
- If the person requires a W/C follow for safety and another to assist with gait, code as “01” dependent.
- Ambulation is assessed once the person is standing- sit>stand not included

Coding Tips from CMS for Mobility

- Look at mobility items separately to avoid influence of fatigue (IE walk 50’ with 2 90° turns, rest, then assess walking 150’)
- Same for transfers- do not pair with walking tasks- allow a rest
- If a wheelchair is for facility distances only and not expected to be needed upon D/C, you do not need to score this area
- Geri Chairs are not considered a W/C for GG scoring
When is Discharge Data Required?

- Section GG is not required for those with an incomplete stay
- An incomplete stay is an unplanned discharge:
  - Discharge to a hospital
  - Leaving SNF AMA
  - SNF Part A stay less than 3 days
  - Death

MDS Considerations Per CMS

- Failure to submit complete and accurate data within the 80% threshold for SNF Quality Reporting Program, including Section GG may result in a 2% rate reduction
- Coding a dash ("-") in these items indicates "No Information" should be rare. Use of dashes for these items may result in a 2% reduction in annual payment update.
- Dashes DO NOT count for goal setting areas

MDS Considerations per CMS

- Activities not attempted and coded as 07, 09, 10 or 88 result in a score of “1” and can diminish outcomes results- Minimize use of these codes as appropriate
- Remember CMS may choose to decrease reimbursement for low scoring facilities
- Scores impact NH Compare site
- CMS looking for best value for post acute care- SNFs vs IRF vs HH
AOTAs Data Collection Tool

Section GG Communication with MDS

- The Self Care and Mobility Section GG Item form from AOTA is to be used as a scoring guide and data collection tool
- A Self care and Mobility Section GG form is to be completed for each patient and all forms to be kept in alphabetical binder or the soft chart per dept. process
- The MDS Data Report can be run by day 3 and given to MDS. Cross out the minutes to avoid any confusion.

GG and Optima

- Therapists are to avoid scoring a dash (indicating “No Information”) as this may result in a financial penalty to the facility

- Use reason codes for why task not assessed (refusal, unsafe for this pt. etc.)

- The associated PPS track must be ended before the Discharge Assessments can be created
GG and Optima Validations

• Validation Delete or Inactivate Case-Section GG Assessments must be deleted before this Case can be deleted or inactivated.

• The system will allow not applicable sections to be skipped

• Optima is currently preparing for Section GG updates. We will provide further information once available.

Final Thoughts…

• Communication is critical for accurate Section GG completion

• If you have questions or concerns please contact your Area Manager or Regional Manager

• Clinical questions may also be directed to Cindy Hudson OTR/L at 440-708-8715 or cindyh@arborrehab.com