

MDS SECTION GG

Let's Get Ready



MDS Section GG A Bit of History

- The Impact Act was signed into law on Oct 6, 2014
- As part of the Impact Act, the SNF Quality Reporting Program was initiated.
- The SQRP requires Standardized patient / resident data to be collected and outcomes be measured
- This is how we got Section GG on MDS 3.0



MDS Section GG What is it?

- Section GG of the MDS is a new section that records additional information on patient's Self Care and Mobility at admission and discharge
- It is the way Medicare can track outcomes for Part A Residents just like G codes for Part B are tracking outcomes
- The Self Care items it will track are eating, oral hygiene, & toilet hygiene
- The Mobility items it will track are bed mobility, sit to stand, chair and toilet transfers, walking & wheelchair mobility.



Sneak Peak of Self Care Section

GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01																							
Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code end of SNF PPS stay (discharge) goals.																							
Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>																							
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Sneak Peak of Mobility Section

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. 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.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> H1. Does the resident walk? 0. No , and walking goal is not clinically indicated → Skip to GG0170Q1. Does the resident use a wheelchair/scooter? 1. No , and walking goal is clinically indicated → Code the resident's discharge goal(s) for items GG0170J and GG0170K 2. Yes → Continue to GG0170J, Walk 50 feet with two turns
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Q1. Does the resident use a wheelchair/scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized



Section GG Who is Responsible?

- Due to the factors being assessed, if there are orders for Physical and Occupational Therapy, we are responsible for completion of this section.
- The Self Care Section and Toilet Transfers in the Mobility Section will be the responsibility of OT
- The remaining Mobility Section will be the responsibility of PT
- If no orders exist, then Restorative will be responsible to complete those sections
- Our input will be through Rehab Optima and then down load into PCC
- More details on this will be a bit later in the presentation.



Section GG Timing

- Data Collection on the MDS using Section GG begins on Patients admitted on October 1, 2016 or later
- Only for Residents in a Medicare Part A Stay
- NOT REQUIRED for Managed Care Part A, Medicare Replacement Policies, etc
- Required at Admission and Discharge



Section GG Admission Assessment

- Admission Performance must be completed with every new admit, readmit or change to Medicare Part A stay
 - *Every time there is a new Day 1 required and we have to do an Eval, an admission Section GG will need to be completed.*
- Rules state: Admission Assessment required within **3** days of admission but must be completed prior to Therapeutic Intervention
 - *So when the therapy eval is completed, Section GG must also be completed*
 - *That means the PT and OT evals and Section GG have to be done by Medicare day 3*
 - *If a resident is admitted on Friday evening, both PT and OT must complete the eval and the Section GG assessment by Sunday*



Section GG Admission Assessment

- Admission Assessment also has room to record Discharge Goals
- It is only required to record a Discharge Goal for **1** item in **either** the Self Care **or** Mobility Section.
- If you record a goal, you have to have a care plan on that particular Self Care or Mobility item and it should be a goal in your eval
- We are recommending you choose 1 item to record a goal



Section GG Discharge Assessment

- Discharge status must be recorded within the last 3 calendar days of the Part A stay
 - *Includes the day of Discharge and the 2 previous days.*
 - *If discharge is on a Saturday, it needs to be completed on Thursday, Friday or Saturday*
 - *The rules state it should be completed as close to the discharge date as possible so we are asking the clinician doing the last session will complete the section GG as part of their DC visit.*
 - *Completed on all residents coming off a Medicare Part A stay with a few exceptions*



Section GG Discharge Assessment

- Section GG Discharge Status is not required if:
 - *Sudden Unplanned Discharge*
 - *Part A stay was less than 3 days*
 - *Resident is discharged to an acute care hospital*

***If a discipline discharges a resident more than 3 days prior to the end of the part A stay, then Restorative will need to complete the Discharge status on Section GG for that particular discipline. Must notify Restorative & MDS when this occurs!*

For example: If OT DC's the patient a week before PT and prior to the pt coming off the Part A stay, then Restorative will complete Self Care portion of Section GG at Discharge.



Section GG Coding Instructions/Guidelines

- Status recorded should be based on Resident's actual performance, not based on their potential
- Residents should be allowed to perform activities as Independent as possible as long as they are safe
- Helper assist is part of the coding. Helper = Facility Staff direct employees or contracted employees.
 - *This doesn't include Students. So you cannot have a student complete section GG.*
- Activities may be completed with or without an assistive device. Use of an assistive device should not affect coding.
 - *Do not downgrade a resident if they need a device. If they are independent with a walker than they are independent per section GG.*



Section GG Coding Instructions/Guidelines

- Data entered in Section GG should be consistent with clinical documentation. Be sure you document all areas on section GG in your eval and DC Summary.
- Resident status on section GG should be coded as their “Usual Performance.”
 - *This means we need to not only use our assessment of the resident’s status at eval when completing section GG but we will need to interview the nursing and/or C.N.A. staff to find out if what we are seeing is their usual performance and take their input into account when scoring section GG.*
- If we are evaluating the resident on day 1, our assessment status will most likely be the “usual performance” anyways.
- If we are completing the discharge section GG, we more than likely will know the residents “usual performance” at discharge.



Section GG Coding Definitions

- Coding of assistance is based on a 6 Point Scale.
- The same assist levels are used for scoring all portions of the self care and mobility sections at admit, defining a goal and recording discharge status
- *When recording assist levels in Rehab Optima, each assist level will be defined with a drop down box to allow ease in use.*



Section GG

Coding Definitions – Assist Levels

- 06: Independent: Resident completes the activity by him/herself with no assistance from a helper
- 05: Setup or clean-up assistance: Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
- 04: Supervision or touching assistance: Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.



Section GG

Coding Definitions – Assist Levels

- 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, holds or supports trunk or limbs and provides more than half the effort.
- 01: Dependent: 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.



Section GG Coding Definitions – Not Attempted

If an activity was not attempted we need to code the reason:

- 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
 - *if the resident has not walked in 4 years and does not complete the ambulation assessments, code not applicable for ambulation assessment*
- 88: Not attempted due to medical condition or safety concerns: if the activity was not attempted due to medical condition or safety concerns
- ****Do not use the not attempted codes when recording discharge goals**



Self Care Section

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Section GG Self Care - Eating

- **Eating:** The ability to use suitable utensils, to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency
- **Example:** Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.
- **Coding:** Eating would be coded 03, Partial/moderate assistance.
- **Rationale:** The certified nursing assistant provides less than half the effort for the resident to complete the activity of eating for all meals.



Section GG Self Care – Oral Hygiene

- **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].
- **Example:** Before bedtime, the nurse provides steadying assistance to Mr. S as he walks to the bathroom. The nurse applies toothpaste onto Mr. S's toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the nurse returns and provides steadying assistance as the resident walks back to his bed.
- **Coding:** GG0130B. Oral hygiene would be coded 05, Setup or clean-up assistance.
- **Rationale:** The helper provides setup assistance (putting toothpaste on the toothbrush) every evening before Mr. S brushes his teeth. *Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.*



Section GG Self Care - Toileting Hygiene

- **Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing ostomy, include wiping the opening but not managing equipment.
- **Example:** Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the therapist to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up.
- **Coding:** GG0130C. Toileting hygiene would be coded 03, Partial/moderate assistance.
- **Rationale:** The helper provides more than touching assistance. The resident performs more than half the effort; the helper does less than half the effort. The resident completes two of the three toileting hygiene tasks.



Mobility Section

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
□ □	□ □	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 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.
□ □	□ □	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
□ □	□ □	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
□ □	□ □	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
		H1. Does the resident walk? <input type="checkbox"/> 0. No , and walking goal is not clinically indicated → Skip to GG0170Q1, Does the resident use a wheelchair/scooter? <input type="checkbox"/> 1. No , and walking goal is clinically indicated → Code the resident's discharge goal(s) for items GG0170J and GG0170K <input type="checkbox"/> 2. Yes → Continue to GG0170J, Walk 50 feet with two turns
□ □	□ □	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.
		Q1. Does the resident use a wheelchair/scooter? <input type="checkbox"/> 0. No → Skip to GG0130, Self Care (Discharge) <input type="checkbox"/> 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
□ □	□ □	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair/scooter used. <input type="checkbox"/> 1. Manual <input type="checkbox"/> 2. Motorized
□ □	□ □	S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair/scooter used. <input type="checkbox"/> 1. Manual <input type="checkbox"/> 2. Motorized



Section GG

Mobility – Sit to Lying

- **Sit to lying** : The ability to move from sitting on side of bed to lying flat on bed.
- **Example:** Mr. A suffered multiple vertebral fractures due to a fall off a ladder. He requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back. The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed. Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.
- **Coding:** GG0170B. Sit to lying would be coded 02, Substantial/maximal assistance.
- **Rationale:** The helper provided more than half the effort for the resident to complete the activity of sit to lying.



Section GG

Mobility – Lying to Sitting on Side of Bed

- **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.
- **Example:** Ms. H is recovering from a spinal fusion. She rolls to her right side and pushes herself up from the bed to get from a lying to a seated position. The therapist provides verbal cues as Ms. H safely uses her hands and arms to support her trunk and avoid twisting as she raises herself from the bed. Ms. H then maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity.
- **Coding:** GG0170C. Lying to sitting on side of bed would be coded 04, Supervision or touching assistance.
- **Rationale:** The helper provides verbal cues as the resident moves from a lying to sitting position and does not lift the resident during the activity.



Section GG

Mobility – Sit to Stand

- **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
- **Example:** Mr. B has complete tetraplegia and is currently unable to stand when getting out of bed. He transfers from his bed into a wheelchair with assistance. The activity of sit to stand is not attempted due to his medical condition.
- **Coding:** GG0170D. Sit to stand would be coded 88, Not attempted due to medical condition or safety concerns.
- **Rationale:** The activity is not attempted due to the resident's diagnosis of complete tetraplegia.



Section GG

Mobility – Chair/Bed to Chair Transfer

- **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
- **Example:** Mr. F's medical conditions include morbid obesity, diabetes mellitus, and sepsis, and he recently underwent bilateral above-the-knee amputations. Mr. F requires full assistance with transfers from the bed to the wheelchair using a lift device. Two certified nursing assistants are required for safety when using the device to transfer Mr. F from the bed to a wheelchair. Mr. F is unable to assist in the transfer from his bed to the wheelchair.
- **Coding:** GG0170E. Chair/bed-to-chair transfer would be coded 01, Dependent.
- **Rationale:** The two helpers completed all the effort for the activity of chair/bed-to-chair transfer. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.



Section GG

Mobility – Toilet Transfer

- **Toilet transfer:** The ability to safely get on and off a toilet or commode.
- **Example:** The Occupational Therapist provides steadying (touching) assistance as Mrs. Z transfers onto the toilet and lowers her underwear. After voiding, Mrs. Z cleanses herself. She then stands up as the helper steadies her and Mrs. Z pulls up her underwear as the helper steadies her to ensure Mrs. Z does not lose her balance.
- **Coding:** GG0170F. Toilet transfer would be coded 04, Supervision or touching assistance.
- **Rationale:** The helper provides steadying assistance as the resident transfers onto and off the toilet. Assistance with managing clothing and cleansing is coded under item GG0130C. Toileting hygiene and is not considered when rating the Toilet transfer item.



Section GG

Mobility – Does the Resident Walk?

- **Does the resident walk?**
 - **0. NO:** *and walking goal is not clinically indicated – skip to the section on: Does the patient use a wheelchair? (RO will not let you complete the walking sections if this is marked)*
 - **1. NO:** *and walking goal is clinically indicated – you will not record current status for walking tasks but you can record goals for walking section only. (RO will limit your ability on the walking sections to goals only)*
 - **2. Yes:** *continue to the walking assessments.*



Section GG

Mobility – Does the Resident Walk?

- **Example:** Mr. Z currently does not walk, but a walking goal is clinically indicated.
- **Coding:** GG0170H1. Does the resident walk? would be coded 1, No, and walking goal is clinically indicated. Discharge goal(s) for items J. Walk 50 feet with two turns and K. Walk 150 feet may be coded.
- **Rationale:** Resident does not currently walk, so no admission performance code is entered for the walking items. However, a walking goal is clinically indicated and walking goals may be coded.



Section GG

Mobility – Walk 50 ft with 2 Turns

- **Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 ft and make two 90 degree turns.
- **Example:** A therapist provides steadying assistance as Mrs. W gets up from a sitting position to a standing position. After the therapist places Mrs. W's walker within reach, Mrs. W walks 60 feet down the hall with two turns without any assistance from the therapist. No supervision is required while she walks.
- **Coding:** GG0170J. Walk 50 feet with two turns would be coded 05, Setup or clean-up assistance.
- **Rationale:** Mrs. W walks more than 50 feet and makes two turns once the helper places the walker within reach. Assistance with getting from a sitting to a standing position is coded separately under the item GG0170D. Sit to stand (04, Supervision or touching assistance).



Section GG

Mobility – Walk 150 feet

- **Walk 150 feet:** Once standing, the ability to walk at least 150 ft in a corridor or similar space
- **Example:** Mr. R has endurance limitations due to heart failure and can only walk about 30 feet during the assessment. The physical therapist speculates that Mr. R could walk this distance in the future with additional assistance and has a goal of walking 200 feet on the eval.
- **Coding:** GG0170K. Walk 150 feet would be coded 88, Activity not attempted due to medical or safety concerns.
- **Rationale:** The activity was not attempted.



Section GG

Mobility – Walk 150 feet

- **Walk 150 feet:** Mrs. T has an unsteady gait due to balance impairment. Mrs. T walks the length of the hallway using her quad cane in her right hand. The physical therapist supports her trunk, helping her to maintain her balance while ambulating. The therapist provides less than half of the effort to walk the 160-foot distance. The physical therapy aide needs to follow right behind the resident pushing the wheelchair for safety reasons
- **Coding:** GG0170K. Walk 150 feet would be coded 01, Dependent.
- **Rationale:** The assistance of two helpers is required for the resident to complete the activity safely.



Section GG

Mobility – Does the Resident use a wheelchair/scooter?

- 0. No: Section GG Complete
- 1. Yes: Continue to wheelchair assessment



Section GG

Mobility – Wheel 50 ft. with 2 Turns

- **Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, can wheel at least 50 ft and make 2 turns (90 degree turns)
- **Example:** Mrs. M is unable to bear any weight on her right leg due to a recent fracture. The certified nursing assistant provides steadying assistance when transferring Mrs. M from the bed into the wheelchair. Once in her wheelchair, Mrs. M propels herself about 60 feet down the hall using her left leg and makes two turns without any physical assistance or supervision.
- **Coding:** GG0170R. Wheel 50 feet with two turns would be coded 06, Independent.
- **Rationale:** The resident wheels herself more than 50 feet. Assistance provided with the transfer is not considered when scoring Wheel 50 feet with two turns. There is a separate item for scoring bed-to-chair transfers.



Section GG Mobility- Type of Wheelchair

- Indicate the Type of Wheelchair/scooter used
- 1. Manual
- 2. Motorized



Section GG Mobility – Wheel 150 feet

- **Wheel 150 feet:** Once seated in wheelchair/scooter, can wheel at least 150 ft. in a corridor or similar space.
- **Example:** Mr. L has multiple sclerosis, resulting in extreme muscle weakness and minimal vision impairment. Mr. L uses a motorized wheelchair with an adaptive joystick to control both the speed and steering of the motorized wheelchair. He occasionally needs reminders to slow down around the turns and requires assistance from the nurse for backing up the scooter when barriers are present.
- **Coding:** GG0170S. Wheel 150 feet would be coded 03, Partial/moderate assistance.
- **Rationale:** The helper provides less than half of the effort to complete the activity of wheel 150 feet.



Section GG

Mobility – Type of Wheelchair used

- **6. Indicate the type of wheelchair/scooter used:** In the above example Mr. L used a motorized wheelchair during the 3-day assessment period.
- **Coding:** GG0170SS. Indicate the type of wheelchair/scooter used would be coded 2, Motorized.
- **Rationale:** Mr. L used a motorized wheelchair during the 3-day assessment period.



Section GG

What's next

- Since Oct 1 is a Saturday, we need to be sure all our PRN staff on the weekend are prepared. If residents are admitted on Oct 1 they will need Section GG. If residents are admitted on Sept 30, they do not need Section GG done.
- Rehab Optima does not go live with Section GG until Oct 1, so I cannot demo to you how to input the data. Section GG will be on the Case Manager for each patient as a separate tab. I hope they will have a training session but not sure.
- Once the Self Care and Mobility Sections are complete and validated, the supervisors will then need to go into PCC, refresh the MDS and sign off on Section GG. Please approach your MDS coordinator or Restorative RN to train you on how to do that.

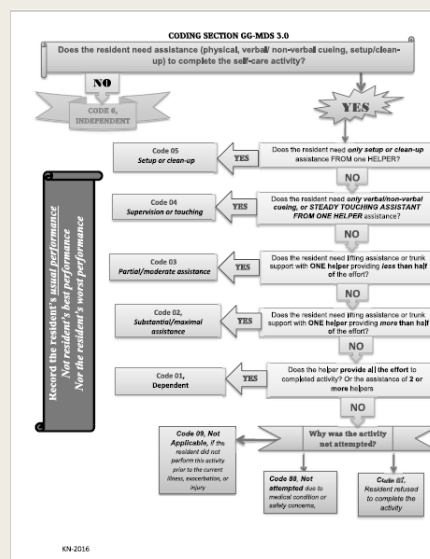


Section GG Helpful Tools

- Copy of the RAI Manual was sent to each site. It has many more coding examples for each Self Care and Mobility tasks
- CMS 4 part youtube webinar link:
https://www.youtube.com/watch?v=pNgQ3OSaxYg&list=PLiHRet3_ctoNXeRcew-HXnaw00gvFYm4P
- Hard copy of Section GG - Until staff get used to the definitions for coding and functional tasks, have evaluators take it with them during their evals.
- Coding Cheat Sheet



Coding Cheat Sheet



QUESTIONS?

CONFERENCE CALL WED SEPT 28th @ noon

1-888-444-3010 conf. id: 489448#

Contact your Regionals

Joanne: 630-417-4241

Cathy: 630-878-3531

Nancy: 630-417-4245

