



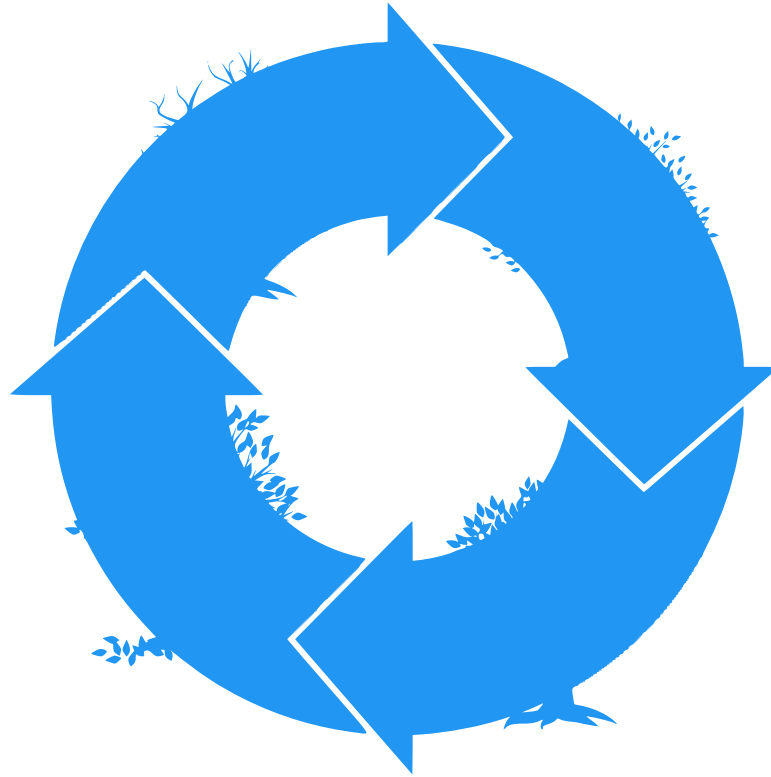
MDS Process Section GG

CATHY YOUNG

RN-BC, RAC-CT, RAC-CTA

IPCO-2, LNHA, WCC, LNC, DNS-CT, QCP

Section GG Changes



Usual Performance

A resident's functional status can be impacted by environmental, or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance or the worst performance, but rather the resident's usual performance.

Revised Coding Definitions GG0100

Prior Level of Functioning (everyday activities)

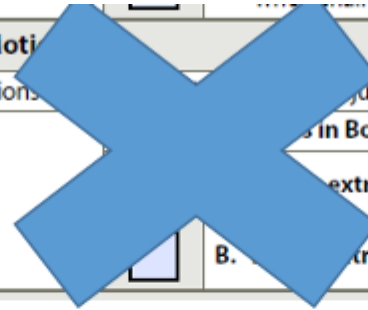
- Updated the coding definitions for independent and dependent to clarify that either the resident or helper completed all the activities

<ul style="list-style-type: none">• Updated the coding definitions for independent and dependent to clarify that either the resident or helper completed all the activities <div>Coding:<ol style="list-style-type: none">3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.2. Needed Some Help - Resident needed partial assistance from another person to complete activities.1. Dependent - A helper completed the activities for the resident.</div>	2 to clarify that help was needed too complete any
	<div>Coding:<ol style="list-style-type: none">3. Independent - Resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper.2. Needed Some Help - Resident needed partial assistance from another person to complete any activities.1. Dependent - A helper completed all the activities for the resident.8. Unknown.9. Not Applicable.</div>

New Item Number GG0115

Functional Limitation

G0400. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	
Enter Codes in Boxes	
<input type="checkbox"/>	A. Upper extremity (shoulder, elbow, wrist, hand)
<input type="checkbox"/>	B. Lower extremity (hip, knee, ankle, foot)



GG0115. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	
Enter Codes in Boxes	
<input type="checkbox"/>	A. Upper extremity (shoulder, elbow, wrist, hand)
<input type="checkbox"/>	B. Lower extremity (hip, knee, ankle, foot)

GG0115 Functional Limitation ROM

- Renumbered—added reference to the last 7 days



New Title-Functional Abilities/Goals-Admission

GG0130 (Self-Care) and GG0170 (Mobility)

Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
GG0130. Self-Care (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	
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. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	



Section GG - Functional Abilities and Goals - Admission

GG0130. Self-Care (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.

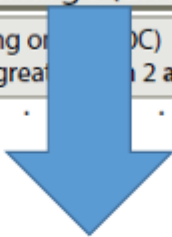
When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

New Title-Functional Abilities/Goals-Discharge

GG0130 (Self-Care) and GG0170 (Mobility)

Section GG	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)
GG0130. Self-Care	(Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03



Section GG - Functional Abilities and Goals - Discharge

GG0130. Self-Care (Assessment period is the last 3 days of the stay)
Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.
When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C.
For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

New Item for OBRA/Interim

GG0130 (Self-Care)

and GG0170 (Mobility)

Resident	Interim	UAFM
Section GG - Functional Abilities and Goals - OBRA/Interim		
GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 00. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.		
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. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themselves 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 and/or touching/steadying and/or contact guard assistance as 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. 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.		
If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the 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) 08. Not attempted due to medical condition or safety concerns		
5. OBRA/Interim Performance Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

Resident	Interim	UAFM
Section GG - Functional Abilities and Goals - OBRA/Interim		
GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 00. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.		
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. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themselves 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 and/or touching/steadying and/or contact guard assistance as 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. 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.		
If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the 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) 08. Not attempted due to medical condition or safety concerns		
5. OBRA/Interim Performance Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<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 move from lying on the back to sitting on the side of the bed and with no back support.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 08 → Skip to GG0170G5. Does the resident use a wheelchair and/or scooter?
<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.

Column 1-Admission Performance

- For residents in a part A Medicare stay, the admission functional assessment, when possible, should be conducted prior to the benefit of services in order to reflect the real true admission baseline of functional status
- PRIOR TO THE BENEFIT OF SERVICE (because any care by facility staff could result in increased independence)



Column 2 Discharge Goals

- Discharge goals are indicated with the start of PPS stay but not required with stand alone OBRA assessments
- For the SNF QRP, a minimum self-care or mobility discharge goal must be coded
- Coding multiple goals helps ensure that the assessment accurately reflects the resident status and facilitates individualized care planning



Column 3 Discharge

- Complete when the assessment is a Part A PPS discharge assessment
- The assessment period is the last 3 days of the Part A stay—the day of discharge and the previous 2 days
- Can be combined with an OBRA Discharge assessment when the resident is discharged from the facility on the same day or one day after the part A stay ends



Good bye !

Column 5—OBRA/INTERIM

- Complete Column 5 when the assessment is an OBRA assessment, other than the admission assessment and the assessment is not also a Medicare assessment
 - The assessment period is the last 3 days (the ARD plus 2 previous calendar days)
- Also completed for an Interim Payment Assessment (IPA) for Medicare
 - Updated to include additional self-care and Mobility data elements
 - Current IPA item set only includes those GG tasks used to calculate the function score for payment under PDPM

Remember

- CMS does not provide an extensive list of assistive devices that may be used when coding self-care and mobility activities
- Do not code self-care and mobility activities with the use of devices that are restricted to the resident to use during therapy sessions such as parallel bars, track and harness systems etc.

GG0130: Self-Care Activities

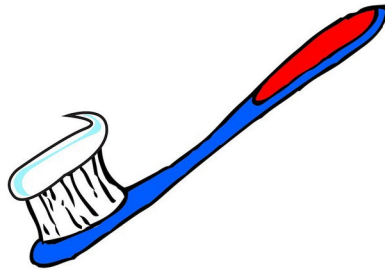
Activity	Definition
Eating	The ability to use suitable utensils to bring food/fluids to the mouth and swallow it once placed before the resident
Oral Hygiene	The ability to use suitable items to clean teeth and dentures (if applicable) to remove and replace dentures in the mouth, soaking and rinsing and use of equipment
Toilet Hygiene	The ability to maintain perineal hygiene, adjust clothing before and after voiding or BM. With ostomy– wiping opening but not managing equipment
Shower/Bath	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
Upper Body dressing	The ability to dress and undress above the waist; including fasteners, if applicable
Lower Body dressing	The ability to dress and undress below the waist, including fasteners, does not include footwear
Ability to put on/take 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
Personal Hygiene	The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing and drying face and hands (excludes baths, showers and oral hygiene)

Eating Coding (GG0130A) Considerations

- Assistance with tube feedings or parenteral nutrition is not considered when coding eating
- If the resident requires assistance to swallow safely, code based on type and amount of assistance required for feeding and safe swallowing
- If 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 the liquid once the drink is placed in front of the resident

Oral Hygiene (GG0130B) Considerations

- If the resident is edentulous, Code Oral Hygiene based on the type and amount of assistance required from a helper to clean the residents' gums



Toilet Hygiene (GG0130C) Considerations

- If the resident completes bowel toileting program in bed, code toilet hygiene based on the resident's need for assistance in managing clothing and perineal cleansing
- Includes use of toilet, commode, bed pan or urinal
- Managing clothing (including undergarments and incontinence products) before and after voiding or having a BM
- Adjustment of clothing relevant to the individual resident
- When requiring different levels of assistance (voiding vs BM)–code based on the amount of assistance needed to complete the entire activity

Toilet Hygiene (GG0130C) Considerations

- If the resident has an indwelling urinary catheter, toileting hygiene includes perineal hygiene to the catheter site but not management of the equipment



Shower/Bathing (GG0130E) Considerations

- Assessment of the shower/bath self care can take place any location including at a sink or bed (full body sponge bathing), shower, tub, seated on bathing bench etc.
- Code 05, set up or clean up assistance, if the resident completes the bathing task and the helper only retrieves or sets up supplies needed to perform tasks
- Code 05, set up or clean up assistance, if the resident does the bathing but needs only assistance to cover a wound or dressing to keep it dry during bathing

Upper, Lower and Footwear (GG0130G)

- If resident requires assistance with dressing including fasteners, buttons, fastening a bra, code based on amount of assistance to complete entire activity



Personal Hygiene (GG0130I) Considerations

- Complete for OBRA assessments when A0310A=01-06 OR A0310F= 10 or 11
- Does NOT include bathing, showers or oral hygiene
- Only considers hair combing, shaving, make-up application, washing and drying face



GG0170-Mobility



Updated Definition-G0170C

Lying to sitting on side of bed/mobility – with feet flat on floor being removed

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 and/or touching/steadying and/or contact guard assistance as resident.
03. Assistance with activity - Helper provides physical assistance with the activity as instructed.

☐☐ ☐☐ 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 and with no back support.

01. Resident refused
09. Not applicable - Not attempted and the 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

1. Admission Performance	2. Discharge Goal
Enter Codes in Boxes	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 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.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 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 and with no back support.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 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.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> E. Chair/bed to chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> F. Toilet transfer: The ability to get on and off a toilet or commode.

Considerations for Mobility Coding

- If the Resident does not sleep in a bed clinicians should code the bed mobility activities using the alternative furniture the resident sleeps on (Roll left and right section GG0170A)
- GG0170D-Sit to Stand: This activity includes coming to a standing position from any sitting surface. If a mechanical lift is used, then code “activity not attempted”. Code as 05, set up or clean up assistance if the only help the resident requires to complete the sit to stand activity is for the helper to retrieve an assistive device for the resident (walker etc.)

Considerations for Mobility Coding

- GG0170E Chair/Bed to Chair Transfers: Depend on the resident's ability to transfer may be stand-pivot, squat-pivot, or slide board. Assessment begins with the resident on the edge of the surface they are transferring from and ends with the resident sitting in a chair/wheelchair and/or visa versa. When possible, the assessment should take place in a situation where taking more than a few steps would not be needed to complete the transfer



Toilet Transfer(GG0170F) Considerations

- This includes resident ability to get on and off toilet with or without raised seat or a bedside commode
- Toilet hygiene, clothing management and transferring off a bedpan are not considered part of the toilet transfer activity
- Code 05, Set up or clean up assistance if the resident needs a helper to position/set up the commode before or after the transfer and the resident does not require assistance during the toilet transfer

GG0170FF—Tub Shower/Transfers

- Includes the ability to get into and out of the tub/shower
 - Does not include washing, rinsing, drying, or any other bathing activity
 - If the resident does not get into or out of the tub and/or shower during the observation period code using the applicable “activity not attempted” code (07, 09, 10, or 88)



Car Transfer Considerations GG0170G

- Does NOT include
 - Getting to or from the vehicle
 - Opening or closing the car door
 - Fastening/Unfastening the seat belt
- If the resident remains in a wheelchair and does not transfer in and out of car or van seat, then the activity is not considered completed, and the appropriate “activity not attempted” code would be used.
- The setup and/or clean-up of an assistive device that is used for walking to and from the car, but not used for the transfer in and out of the car seat, would not be considered when coding the Car transfer activity

Walking Items Considerations (GG01701-GG170L)

- 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 the resident ambulation to occur for the entire stated distance
 - A helper cannot complete a walking activity for a resident
- During a walking activity, a resident may take a brief standing rest break
 - If the resident needs to sit to rest during a Section GG walking activity, consider the resident unable to complete the walking activity and use the appropriate activity not attempted code

Walking Items Considerations (GG01701-GG170L)

- Clinical judgement can be used to determine how the resident assessment of walking is conducted
- If a clinician chooses to combine the assessment of multiple walking activities, the clinician should use clinical judgement to determine the type and amount of assistance needed for each individual activity
- Use clinical judgement when assessing activities that overlap or occur sequentially to determine the type and amount of assistance needed for each individual activity

Walking Items Considerations (GG01701-GG170L)

- When coding GG0170K, walk 150 foot, if the environment does not accommodate a walk of 150 feet with turns, but the resident demonstrates the ability to walk without assistance, 150 feet with turns without jeopardizing resident safety, code using 6-point scale
- When coding GG0170L, walking 10 feet on uneven surface, activity can be assessed inside or outside
 - Uneven surfaces can include uneven or sloping surfaces and gravel—use your clinical judgement to determine if a surface is uneven

GG0170M-1 Step, GG0170N-4 steps, GG0170O 12 steps

- Completing the stairs activities indicates that the resident can go up and down the stairs, by any safe means, with or without assistive devices (railing etc) and without some level of assistance
- Getting to and from the stairs is not included in coding this activity
- Ascending/Descending stairs does not have to occur sequentially or during one session—the resident may take a standing or seated rest break between ascending/descending the 4 steps and 12 steps

GG0170M-1 Step, GG0170N-4 steps, GG0170O 12 steps

- If a helper is required to provide total assist—code as 01-dependent
- If they are not able to complete due to a temporary physical restriction physician prescribed (no stairs x 2 weeks etc) but could perform the activity prior to current illness, then code 88—not attempted due to medical/safety concern
- When assessing 1 step up and down and/or curb and the performance is different, then code GG0170M based on the activity that needed the most help
- If there are not 12 consecutive steps, then the resident can do sets of the 4 steps to equal 12 steps if done three times consecutively to meet this activity

Considerations for GG0170P: Picking Up Objects

- This activity includes resident bending or stooping from standing to pick up a small object from the floor
- Picking up the object must be assessed while the resident is in standing position. If the resident is not able to stand (so the activity could not occur from standing position) then the appropriate “not attempted” code is used.
- If standing but unable to pick up object therefore requiring helper assistance then code 01, 02 or 03 depending on whether the helper provided more than half or less than half of the effort
- Assistive devices like a cane or Reacher may be used

Considerations for Wheelchair Items GG0170Q-GG0170S

- If resident used a W/C prior to facility admit for self-mobilization then indicate 1, yet to the gateway wheelchair items in initial GG0170Q
 - The responses for gateway wheelchair items (GG0170Q1, Q3 and/or Q5) do not have to be the same on subsequent assessments—example, the initial might indicate the resident did NOT use a W/C but on subsequent assessments show that after admission does use a W/C



Considerations for Wheelchair Items GG0170Q-GG0170S

- If the environment does not accommodate the use for 150ft without turns but the resident demonstrates the ability to mobilize a W/C or scooter with or without assist for 150 feet with turns without safety concerns, then code GG0170S, wheel 150 feet using 6-point scale
- For GG0170S, Wheel 150 ft., a helper can assist a resident in completing the required distance in the wheelchair or in making turns if required. When a resident is unable to wheel the entire distance themselves, the activity can still be completed, and a performance code determined based on the type and amount of assistance required from the helper to complete the entire activity

GG Assessment Periods

OBRA Assessment	Medicare 5-day Admission Assmt.	OBRA/Interim	PPS Discharge (NPE)	OBRA Discharge
First 3 calendar days of the stay based on the date of entry/reentry as coded in A1600	First 3 calendar days of the Medicare stay based on Medicare start day as coded in A2400B	ARD (A2300) and the 2 previous calendar days	Last 3 days of the Medicare Part A stay. A2400C and the previous 2 calendar days Applies BOTH to a stand alone and when combined with an OBRA discharge	Last 3 days of the stay. OBRA discharge date (A2000) and the 2 previous calendar days Applies when completing a stand alone OBRA discharge

Operational Considerations for GG

- Update flow sheets
- Will your EHR have an option/solution built in?
- Be sure system generated reports pull your new information instead of items from section G
- Integrate C.N.A. charting from old section G into the new tasks assigned to section GG (Functional Score)
- May impact policies, processes, and care plans

Other Considerations

- Section GG will likely be the basis of many reporting items and comparisons
- Be sure data is timely and accurate
- Car transfers may be used to determine mode of transport
 - i.e., car vs. ambulance



Other Considerations Section GG

- Develop policies and procedures that mirror the available MDS sections
 - Replace old documentation
 - Old flow sheet documentation is no longer effective
- Develop systems and processes on how and when to collect new data
- Educate on new system replacing ADL data
- Implement new processes and monitor



Medical Record Documentation GG

RAI Chapter 3, p. GG-21

“Documentation in the medical record is used to support assessment coding of section GG. Data entered should be consistent with the clinical assessment documentation in the resident’s medical record”

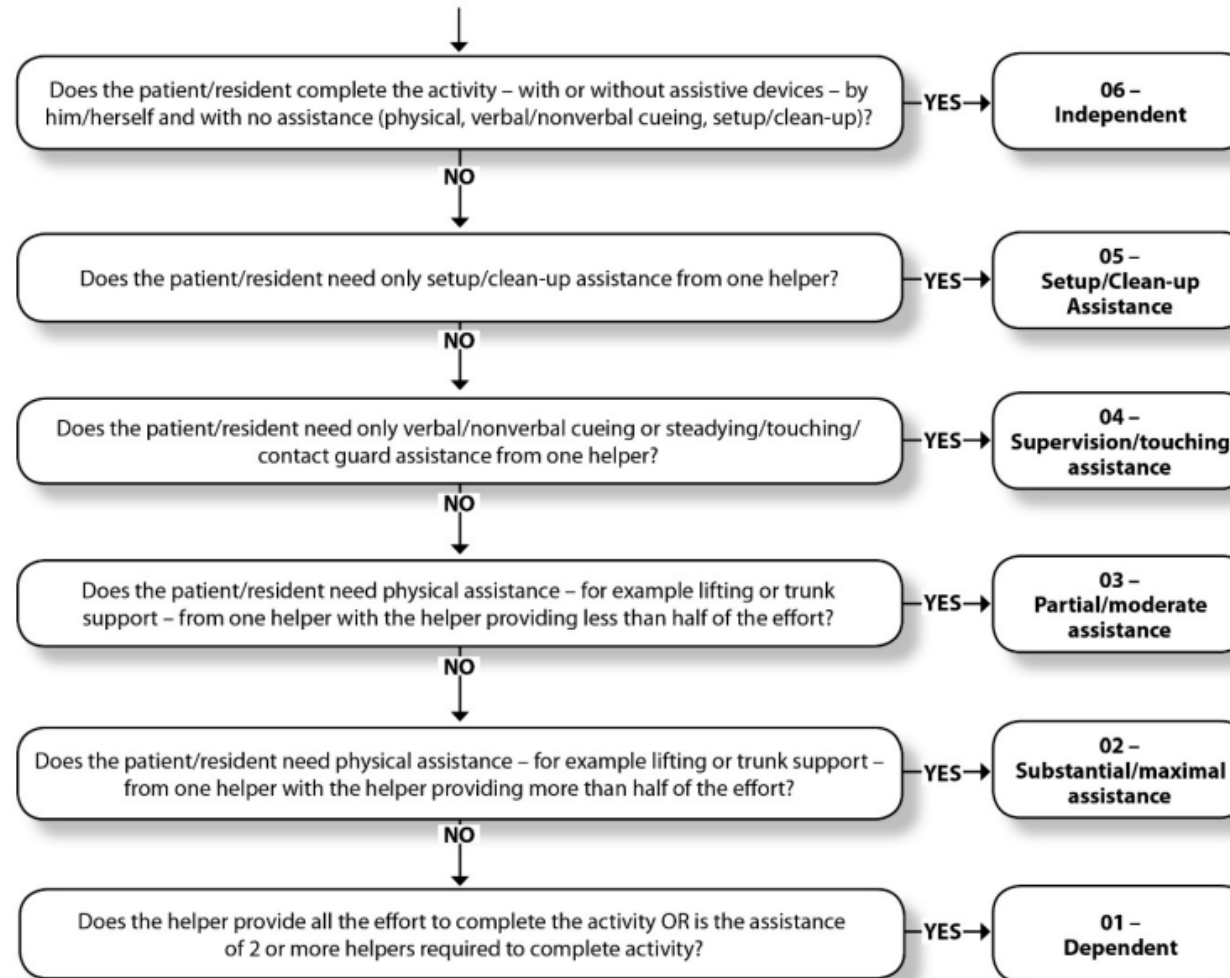
Facility may decide how to meet this requirement



Considerations

- Check nursing documentation daily during the 3 day look back periods. Note any variations or concerns and discuss/clarify with nursing staff during the 3 day look back
- Develop a routine in discussing nursing and therapy documentation of admission performance and DC goals during meetings with rehab. Know short- and long-term goals on eval.
- Goals should be reviewed periodically throughout the stay to determine progress toward goals. If goal needs revision, make care plan revision to update goal
- Once the usual performance on admit and DC goals are determined add this information to your weekly Medicare Meeting

START DECISION TREE HERE



End of Section 1C





Cathy Young

RN-BC, RAC-CTA, WCC, QCP, LNHA, LNC

Questions or Comments

cathy@phoenixhealthcarellc.com

