

GETTIN' GG WITH IT

Breaking It Down Step-by-Step

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INTRODUCTION

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Call me StayLO!



OBJECTIVES

Understand the how/why behind the expected **GG D/C score**

Learn how **CMS** will use the expected **GG D/C score**

Learn some best practices for accuracy of scoring

Identify tools and resources



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aint nuthin' but a

GG THANG, BABY

What is the Expected GG Outcome Score?

This is what CMS (based off a very complicated, risk-adjusted algorithm) thinks the patient's functional status (according to a few items included in Section GG on the MDS) will be upon a planned discharge from a Medicare Part A Skilled stay in a SNF.





BACK IT UP

How can GG information be used?

- QM calculations
- Comparing actual outcome scores to expected

What can it impact?

- 5-star, SNFQRP, and VBP
- Reimbursement
- Census

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the DOUBLE G ya see

What is used to calculate the
Expected GG Outcome Score?

- It is based on 11 items in GG
- The Usual Performance
- Not to be confused with the items for PDPM calculations

What is used to calculate the
QM Expected GG Outcome Score?

- This is the % of patients who achieve the predicted outcome score





LET'S SCORE THE NIGHT AWAY

GG Item Set

- Eating
- Oral Hygiene
- Toilet Hygiene
- Roll Left and Right
- Lying to Sitting
- Sit to Stand
- Chair/Bed-to-Chair Transfer
- Toilet Transfer
- Walk 10 Feet
- Walk 50 Feet with 2 Turns
- Wheel 50 Feet with 2 Turns

I LIKE BIG OUTCOMES and I cannot lie

STEP 1

Prior Level

Hospital Notes
Patient Interview
Family/Caregiver Interview
Previous SNF

STEP 2

Admission Score

Usual Performance
Day 1-3
Prior to the Benefit of Interventions

STEP 3

D/C Score

D/C Date and Two Days Prior

CODE TO THE MUSIC

EXCLUSIONS*

Unplanned D/C
D/C to Hospice
Certain Medical Conditions
Patient is Under 18

COVARIATES*

Admission GG Score
Primary Medical Condition
PLOF and Mobility
Age
Depression

**NOT AN ALL-INCLUSIVE LIST*

LET'S REMIX IT

Intent: This section includes items about functional abilities and goals. It includes items focused on prior function, admission *and discharge* performance, discharge goals, *performance throughout a resident's stay, mobility device use, and range of motion*. Functional status is assessed based on the need for assistance when performing self-care and mobility activities.

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01

Coding:

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.**

↓ **Enter Codes in Boxes**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. |
| <input type="checkbox"/> | B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. |
| <input type="checkbox"/> | C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. |
| <input type="checkbox"/> | D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. |

Steps for Assessment

1. Ask the resident or *their* family about, or review the resident's medical records describing, the resident's prior functioning with everyday activities.
 - **Code 8, Unknown:** if the resident's usual ability prior to the current illness, exacerbation, or injury is unknown.

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TAKE IT BACK NOW Y' ALL



GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01

↓ Check all that apply

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Manual wheelchair |
| <input type="checkbox"/> | B. Motorized wheelchair and/or scooter |
| <input type="checkbox"/> | C. Mechanical lift |
| <input type="checkbox"/> | D. Walker |
| <input type="checkbox"/> | E. Orthotics/Prosthetics |
| <input type="checkbox"/> | Z. None of the above |

Coding Tips

- For GG0110D, Prior Device Use - Walker: “Walker” refers to all types of walkers (for example, pickup walkers, hemi-walkers, rolling walkers, and platform walkers).
- GG0110C, Mechanical lift, includes sit-to-stand, stand assist, stair lift, and full-body-style lifts.

this is how we

"USUALLY" DO IT

What is Usual Performance?

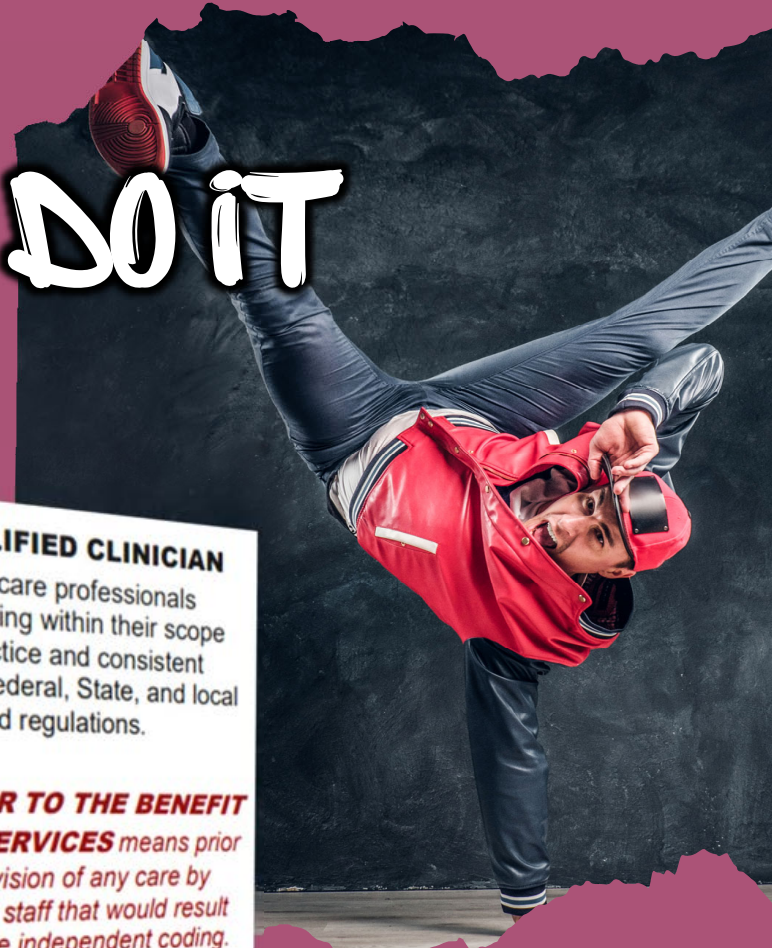
Per CMS: A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance. *RAI - page 267*

QUALIFIED CLINICIAN

Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.

PRIOR TO THE BENEFIT OF SERVICES

means prior to provision of any care by facility staff that would result in more independent coding.



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HIT THE BASE (LINE)

Admission Baseline

The admission function scores are to reflect the resident's admission baseline status and are to be based on an assessment. The scores should reflect the resident's status prior to any benefit from interventions. The assessment should occur, when possible, prior to the resident benefitting from treatment interventions in order to determine the resident's true admission baseline status.

Even if treatment started on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment. *RAI - page 268*

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01

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PRIOR TO THE BENEFIT OF SERVICES means prior to provision of any care by facility staff that would result in more independent coding.

in more independent coding:
facility staff that would result
to provision of any care pl

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DECODE THE BEAT

- **Code 01, Dependent:** if the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity.
 - *Code 01, Dependent: if two helpers are required for the safe completion of an activity, even if the second helper provides supervision/stand-by assist only and does not end up needing to provide hands-on assistance.*
 - *Code 01, Dependent: if a resident requires the assistance of two helpers to complete an activity (one to provide support to the resident and a second to manage the necessary equipment to allow the activity to be completed).*
- **Code 07, Resident refused:** if the resident refused to complete the activity.
- **Code 09, Not applicable:** if the activity was not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **Code 10, Not attempted due to environmental limitations:** if the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.
- **Code 88, Not attempted due to medical condition or safety concerns:** if the activity was not attempted due to medical condition or safety concerns.

KEEP YOUR MOVES IN CHECK



GG0130: Self-Care

1. Admission Performance	2. Discharge Goal	
↓ 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).

DON'T LOSE THE BEAT

Eating

Assess eating/drinking by mouth only

Assistance with tube feedings or parenteral nutrition is not considered when coding the item Eating

If patient performs both eating and tube feeding the coding is for oral intake only.

Whether patient uses silverware or fingers/hands, code based on amount of assistance provided.

Eating is to assess the resident's ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid.

If a resident swallows safely without assistance, exclude swallowing from consideration.

Oral Hygiene

This includes only the oral aspect, not the Grooming & Hygiene process

If a resident does not perform oral hygiene during therapy, determine the resident's abilities based on performance on the nursing care unit.

For a resident who is edentulous, code Oral hygiene based on the type and amount of assistance required from a helper to clean the resident's gums.

Toileting Hygiene

Toileting hygiene takes place before and after use of the toilet, commode, bedpan, or urinal. If toileting occurs in bed, code based on the resident's need for assistance managing clothing and perineal cleansing.

Includes: Performing perineal hygiene. Managing clothing before & after voiding or BM. Adjusting clothing relevant to the individual resident.

On ostomy management, this includes wiping the opening but not management of the equipment (cleaning the ostomy but not emptying it)

Indwelling catheter: includes perineal hygiene to catheter site, not management of it

ROP TO THE TOP



1. Admission Performance	2. Discharge Goal	
↓ 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 with feet flat on the floor, 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"/>	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.
<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 admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<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.

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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
<input type="text"/>	<input type="text"/>	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
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	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="text"/>	<input type="text"/>	<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
<input type="text"/>	<input type="text"/>	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="text"/>	<input type="text"/>	<input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	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="text"/>	<input type="text"/>	<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

KEEP IT MOVIN'

GG0170: Mobility Key Points

Roll left and right

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

Lying to sitting on side of bed

The activity includes resident transitions from lying on their back to sitting on the side of the bed **without back support**.

The resident's ability to perform each of the tasks within this activity and how much support the residents requires to complete the tasks within this activity is assessed.

Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a "lying" position for a particular resident.

Back support refers to an object or person providing support for the resident's back.

Sit to stand

The activity includes the resident coming to a standing position **from any sitting surface**.

If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to-stand lift, **then code as 01, Dependent**.

If a full-body mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer, code GG0170D, Sit to stand with the **appropriate "activity not attempted" code**.

Code as 05, Setup or clean-up assistance, if the only help is to retrieve an assistive device or adaptive equipment, such as a walker.

KEEP IT GROOVIN'

GG0170: Mobility Key Points

Chair/bed-to-chair transfer

Depending on the resident's abilities, **the transfer may be a stand-pivot, squat-pivot, or a slide board transfer.**

Chair/bed-to-chair transfer: When assessing the resident moving from the chair/bed to the chair, the assessment begins with the resident sitting at the edge of the bed (or alternative sleeping surface) and ends with the resident sitting in a chair or wheelchair.

When assessing the resident moving from the chair to the bed, the assessment begins with the resident sitting in a chair or wheelchair and ends with the resident returning to sitting at the edge of the bed (or alternative sleeping surface).

Toilet transfer

Toilet transfer includes the resident's ability to get on and off a toilet (with or without a raised toilet seat) or bedside commode.

Toileting hygiene, clothing management, and transferring **on and off a bedpan are not considered part of the Toilet transfer activity.**

Code as 05, Setup or clean-up assistance, if the resident requires a helper to position/set up the bedside commode before and/or after the resident's bed-to-commode transfers (place at an accessible angle/location next to the bed) and the resident does not require helper assistance during Toilet transfers.

TAP YOUR FEET TO THE BEAT

GG0170: Mobility Key Points

Walk 10 feet

Assessment of the walking activities starts with the resident in a standing position.

A walking activity cannot be completed without some level of resident participation that allows resident 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.

Walk /wheel 50 feet with two turns






The turns included in item GG0170J, Walk 50 feet with two turns, are 90-degree turns.

The turns may be in the same direction (two 90-degree turns to the right or two 90-degree turns to the left) **or may be in different directions** (one 90-degree turn to the left and one 90-degree turn to the right).

The 90-degree turn should occur at the person's ability level and can include use of an assistive device (for example, cane).

FROM ENTRY TO GOAL

Start with the constants

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant 	26.49
Primary Medical Condition 	-4.71
Prior Conditions 	-2.47
Admission Status 	-3.32
Active Diagnoses 	-2.05
Expected Discharge Score	34.94 (+13.94)

Certain covariates are applied evenly to all residents with the same starting point.






These covariates represent the baseline expected improvement for all residents starting with this entry score.

Using the sample stay from the left as an example, this category communicates:

“This model assumes a **possible improvement of 26.49 points** for all residents beginning with 21-point entry score.”

FROM ENTRY TO GOAL

Fine-Tune with Resident Detail

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant 	26.49
Primary Medical Condition 	-4.71
Prior Conditions 	-2.47
Admission Status 	-3.32
Active Diagnoses 	-2.05
Expected Discharge Score	34.94 (+13.94)

The model constants set a ceiling for improvement, but the remaining covariates help to fine-tune this expectation based on the specific conditions present for this resident.

These covariates try to capture the impact of conditions that would limit the possible improvement expected for this resident.

Lack of independence prior to the current illness or complications present at the time of admission help to get a more realistic expectation of improvement in independence.

“This model recognizes that the resident’s baseline functioning prior to current illness and conditions present at admission limit the expectation of improvement by 12.55 points.”

FROM ENTRY TO GOAL

Fine-Tune with Resident Detail

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant <input type="checkbox"/>	26.49
Primary Medical Condition <input type="checkbox"/>	-4.71
Prior Conditions <input type="checkbox"/>	-2.47
Admission Status <input type="checkbox"/>	-3.32
Active Diagnoses <input type="checkbox"/>	-2.05
Expected Discharge Score	34.94 (+13.94)

Primary Medical Condition from I0020:

- 4.71 Stroke
- 4.07 Non-Traumatic and Traumatic Brain Dysfunction
- 3.99 Non-Traumatic Spinal Cord Dysfunction
- 7.87 Traumatic Spinal Cord Dysfunction
- 4.72 Progressive Neurological Conditions
- 3.60 Other Neurological Conditions
- 1.91 Fractures and Other Multiple Trauma
- 4.60 Amputation
- 2.83 Other Orthopedic Conditions
- 4.18 Debility, Cardiorespiratory Conditions
- 4.24 Medically Complex Conditions

FROM ENTRY TO GOAL

Fine-Tune with Resident Detail

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant <input type="checkbox"/>	26.49
Primary Medical Condition <input type="checkbox"/>	-4.71
Prior Conditions <input type="checkbox"/>	-2.47
Admission Status <input type="checkbox"/>	-3.32
Active Diagnoses <input type="checkbox"/>	-2.05
Expected Discharge Score	34.94 (+13.94)

Prior Conditions:

- GG0100 - Prior Functioning
- GG0110 - Prior Mobility Device Use
- J2000 - Prior Surgery

Admission Status:

- A0900 - Age
- B0700/B0800 - Communication Impairment
- C0500/C0900 - BIMS Score
- H0300/H0400 - Urinary Continence
- J1700 - History of Falls
- K0520 - Nutritional Approaches
- K0200 - High/Low BMI
- M300B-D - Pressure Ulcers

FROM ENTRY TO GOAL

Fine-Tune with Resident Detail

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant ⊕	26.49
Primary Medical Condition ⊕	-4.71
Prior Conditions ⊕	-2.47
Admission Status ⊕	-3.32
Active Diagnoses ⊕	-2.05
Expected Discharge Score	34.94 (+13.94)

Active Diagnoses:

I0020B - Primary Medical
I0100 - Cancer
I1500 - Renal
 Insufficiency/Failure
I2000 - Pneumonia
I2100 - Septicemia
I2900 - Diabetes Mellitus
I4800 - Non-Alzheimer's
 Dementia
I4900 -
 Hemiplegia/Hemiparesis
I5000 - Paraplegia
I5100 - Quadriplegia

I5200 - Multiple Sclerosis
I5250 - Huntington's Disease
I5300 - Parkinson's Disease
I5800 - Depression

I5900 - Bipolar Disorder
I5950 - Psychotic Disorder
I6000 - Schizophrenia
I8000 - Active Diagnoses
GG0120D - Limb
 Prosthesis
O0110J1 - Dialysis
O0500I - Amputation Care

FROM ENTRY TO GOAL

Add it all up

Risk Adjustment Variables	
Category	Impact
Entry Score	21.00
Baseline Constant	26.49
Primary Medical Condition	-4.71
Prior Conditions	-2.47
Admission Status	-3.32
Active Diagnoses	-2.05
Expected Discharge Score	34.94 (+13.94)

The sum-total of the values across these categories gives us a final Expected Discharge Score specific to the conditions recorded on the 5-Day.

21.00 - Entry Score
+26.49 - Baseline Constants
-12.55 - Resident Detail
34.94 - Expected Discharge Score
13.94 - Expected Improvement

Simple Averages 10/23-4/24:

28.61 - Entry Score
13.34 - Improvement
41.95 - Expected Discharge
42.32 - Actual Discharge

"The unique combination of this resident's relevant conditions result in an **expected improvement of 13.94** points and an **expected discharge score of 34.94** or higher."

REGULATORS! MOUNT UP

What should the IDT team do to ensure coordination and success in GG?



Identify GG Champion:

MDS, Nursing, Social Services, Rehab

IDT Roles & Responsibilities:

Rehab – completes GG item set(s)

Nursing – completes GG UDA(s)

CNAs – every GG item documented every shift

CAN'T TOUGH THIS

The GG Champion Process

STAY ON YOUR TOES

GG Champion Responsibilities

- Review ALL IDT notes
 - Rehab GG Item Sets
 - Nursing UDAs
 - CNA Daily Notes
 - RNA
 - Social Service Notes
- Interview the patient, talk to the family if available, and interview staff
- Meet with IDT to review and determine usual performance
- Complete the Huddle Note (after IDT has agreed upon the Usual Performance)

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GG Usual Performance Summary

QRM

Resident:	Prior Devices Used:
Reason: (Circle One) New Admit Re-Admit Quarterly Other (Please Explain):	ARD:

Please include any observations in the following areas:

GG	Rehab	Resident Self-Rep
Eating		
Oral Hygiene		
Toilet Hygiene		
Shower/Bathe Self		
Upper Body Dressing		
Lower Body Dressing		
Putting on/taking off footwear		
Personal Hygiene		
Roll L->R and R->L		
Sit to Lying		
Lying to Sitting		
Sit to Stand		
Chair / bed to chair transfer		
Toilet Transfer		
Tub/shower transfer		
Car Transfer		
Walk 10 feet		

Walk 50 feet with 2 turns						
Walk 150 feet						
Walk 10 feet on uneven surfaces						
1 step (curb)						
4 steps						
12 steps						
Picking up an object						
Wheel 50 feet with 2 turns**						
Wheel 150 feet**						
Huddle Note (and date): _____						
Signature(s) of IDT and Date: _____						
Coding Break-down	06: Independent	05: Setup/clean-up assistance	04: Supervision / touching assistance	03: Partial/moderate assistance	02: Substantial /max assistance	01: Dependent
10: Not attempted due to environmental limitations	09: Not applicable	08: Not attempted due to medical condition or safety concerns	07: Patient/resident refused			

GG0115: Functional Limitation in Range of Motion

Code for limitation that interferes with daily functions or poses a safety hazard in the care / task.

- Coding:
- No equipment involved on one side
 - Equipment involved on one side
 - Equipment involved on both sides

Key Codes in Rows:

- A. Upper extremity (one or both arms and hand)
- B. Lower extremity (leg, knee, ankle, foot)

FUNCTIONAL LIMITATION IN RANGE OF MOTION

Limited ability to move or join if that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury.

GG QUICK REFERENCE

06 Self-Care and Mobility Performance - Eating Instructions

- 06: Independent** - Resident can eat independently using appropriate utensils and techniques.
- 05: Setup/clean-up assistance** - Resident can eat independently with assistance from a caregiver to set up or clean up.
- 04: Supervision / touching assistance** - Resident can eat independently with supervision or touching assistance from a caregiver.
- 03: Partial/moderate assistance** - Resident can eat independently with partial/moderate assistance from a caregiver.
- 02: Substantial /max assistance** - Resident can eat independently with substantial/maximal assistance from a caregiver.
- 01: Dependent** - Resident cannot eat independently.

GG QUICK REFERENCE

02 Self-Care and Mobility Activity - Bed-Mobility/Lifting Instructions

- 02: Substantial /max assistance** - Resident can get in and out of bed independently with substantial/maximal assistance from a caregiver.
- 01: Dependent** - Resident cannot get in and out of bed independently.

SHORT, SWEET AND TO THE BEAT GG Summary Tool





SHAKE YOUR CODING

Grooving Through the GG Summary Tool

How to use it:

- One per patient per MDS
- Use it to collect the data from the IDT, resident, family
- Record the score that best summarizes each section
 - Not the patient's best or worst but usual performance prior to the benefit from any intervention
 - Unfortunately, not black and white
- Scan into EMR when completed

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Assessment Fever

CATCH IT, CODE IT, CURE IT!

Example: Admission assessment

- Patient admitted Tuesday at 1:00
- Rehab eval Tuesday at 3:00
 - Patient stayed in bed until therapy eval
 - PT GG score: rolling left and right= “2” sub/max A
 - Therapy tx Wed and Thursday for 45 minutes daily working on bed mobility by day 3 scored a “3”
- CNA notes: some “2’s” and some “3’s”
- Nursing UDA: day 1 N/A, day 2 evening shift coded a “3” and night shift coded a “2” for rolling left and right
- Resident states
 - “Some days I can do it better than others”



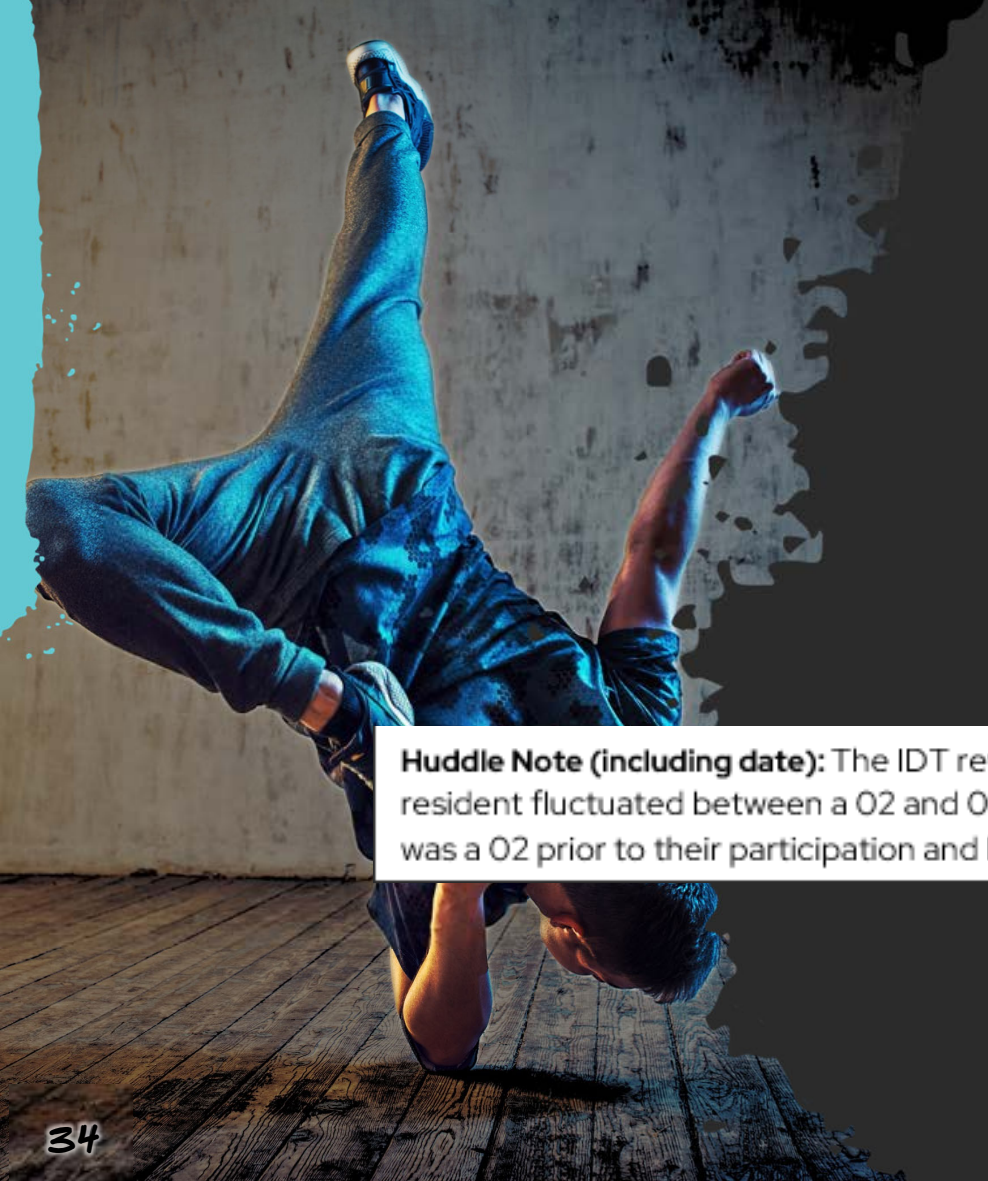
TWICE, TWICE BABY

What is usual performance?

GG champion reviews all notes, talks to the patient, and meets with IDT

- Patient varies between a “2” and “3” for rolling left and right.
- IDT decision: Patient was primarily a “2” as this is what they were before they benefited from the therapy treatment. Coded as a “2” sub/max assist.

Resident: John Doe			Prior Devices Used: None	
Reason: (Circle One) New Admit Re-Admit Quarterly Other (Please Explain):			ARD: Day 3	
Please include any observations in the following areas:				
GG	Rehab	Family / Resident Self-Report	Nursing Documentation	Usual Performance
Roll L->R and R->L	Day 1: Sub/Max 02 Day 2/3: Part/Mod 03	Resident: “Sometimes I can do it better than other times. It depends on how I feel that day”.	CNA – A variety of 1/2/3’s throughout the day varied by <u>shift</u> Nursing UDA: Day 1 - <u>N/A</u> Day 2: Evening shift – 03, Night shift – 02, no notes for day 3 (ARD)	The resident is more responsive to therapy and appears to think the nursing staff should “do the work for them” causing the variance. UP = 02 Sub/Max



FINDING YOUR GG GROOVE

Huddle note example:

Huddle Note (including date): The IDT reviewed all documentation and resident interviews. The resident fluctuated between a 02 and 03. The IDT concluded that the resident's usual performance was a 02 prior to their participation and benefit of skilled services in bed mobility training from staff.

Let's **BREAK IT DOWN**

When to complete the huddle note

- RAI manual:
 - Can use up to 3 days to determine usual performance
 - However, not required to use 3 days
- Complete the note based on the 3 days
 - Can be other days if the data to support the GG huddle note is within the 3 days
- Managed Care considerations
 - Huddle note should be written within the 3 days
 - The facility can make the decision
 - QRM recommendation: within the 3 days to avoid takebacks



99 problems but

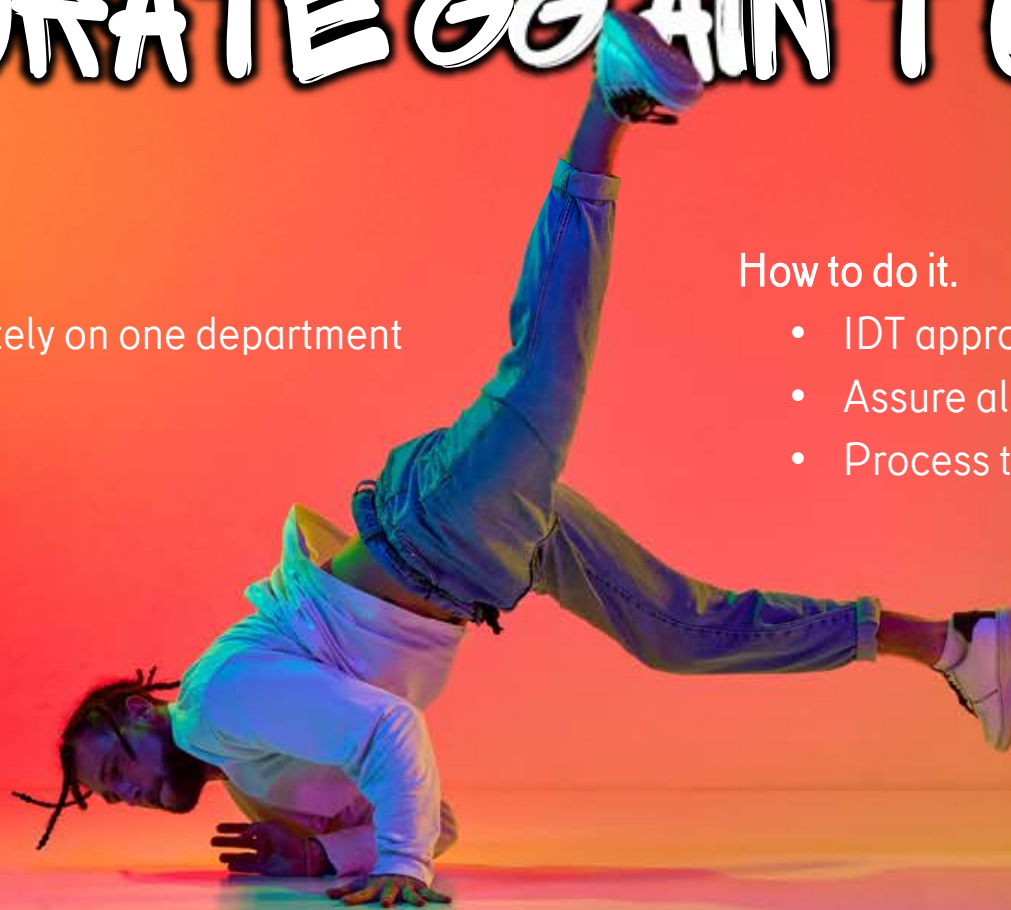
ACCURATE GG AIN'T ONE

How not to do it.

- Rely completely on one department
- Not MDS
- Not Nursing
- Not Rehab

How to do it.

- IDT approach
- Assure all staff are trained
- Process to train new staff



POP & LOCK IT DOWN

Lessons Learned

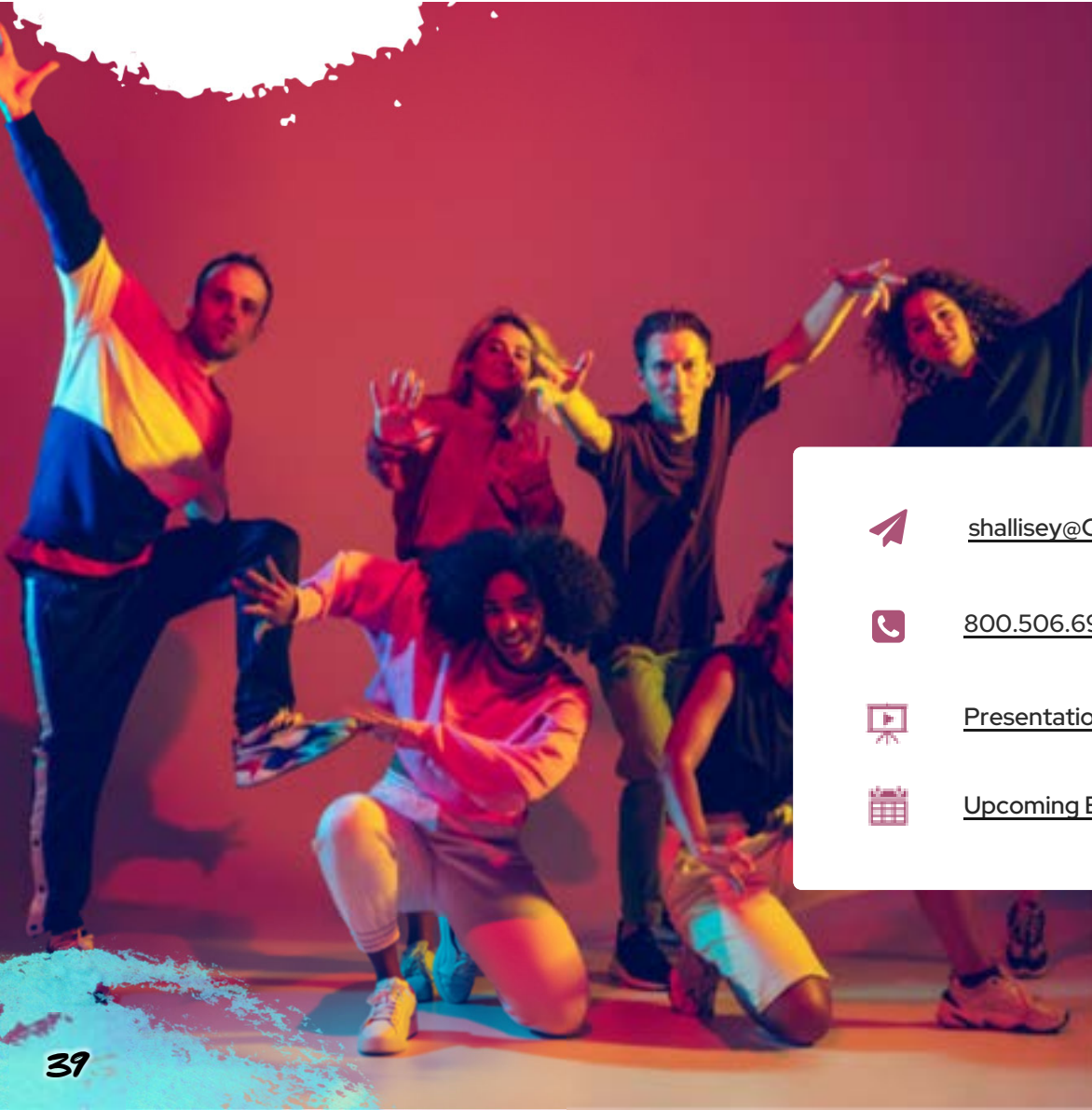
- MDS accuracy is key
- Record all diagnosis
- Score all GG items- minimum 7,8,9
- Code prior to intervention
- Require documentation from all disciplines
- Code D/C correctly planned vs unplanned
- Put goals on the Care Plan
- Report on progress weekly



OUR LAST DANCE

Works Cited

Centers for Medicare & Medicaid Services. "CMS's RAI Version 3.0 v1.18.11 Manual." Cms.gov, CMS, 2023, [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#)



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QUESTIONS



THANKS FOR ATTENDING!

You will receive a link to the webinar recording via email soon