

What's all this about GG? It's Game Time!



Presented By

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★ AGENDA ★

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01

Evolution of the GGame

02

The Rule Book Surrounding GG

03

Highlights of Clinical & Financial Impact

04

Game Plan Strategies for Success

05

Resources for the Win

LIGHTS OUT ON G

Effective October 1, 2023, the MDS assessment will no longer include Section G.



EVOLUTION OF THE GGAME



IT'S GAME TIME

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The MDS PDPM Switch is being turned on state by state for OBRA assessments and Medicaid reimbursement remodeling.

With that comes the new requirement for GG completion for many team members not currently engaged with the Med A requirements.

THE EVOLUTION OF GG

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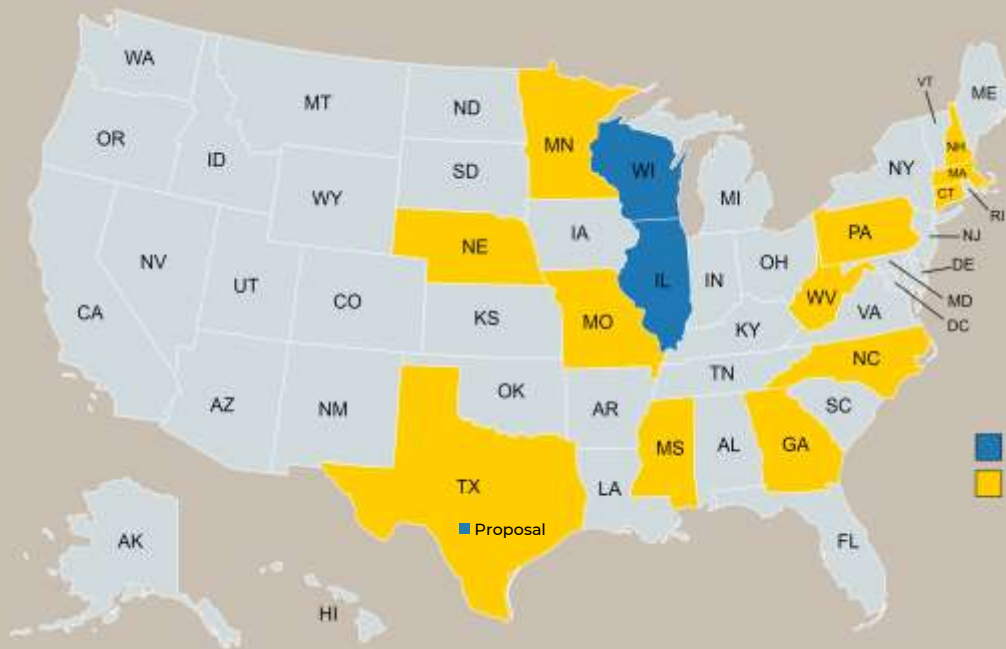
- 2014**
IMPACT ACT
Required standardized assessments across all PAC settings
- 2018**
SNF FULL COLLECTION OF GG ITEMS WITH QRP IMPACT
Gathering of data for DC and Change Score in Self Care and Mobility
- 2020**
STATE BY STATE ROLL OUT OF PDPM CAPTURE
OBRA Assessments
- 2020**
STATE BY STATE CONVERSION TO PDPM
PDPM modeling for Medicaid reimbursement

- 2016**
SNF PARTIAL COLLECTION BEGAN
QRP penalties applied if less than 80% of submitted assessments were complete
- 2019**
SNF PDPM 10/1/2019
PT/OT and Nursing reimbursement drivers
- 2020**
FUNCTIONAL IMPROVEMENT
Baseline vs DC GG 2022 QRP reporting
- 2023**
SECTION G WILL BE REMOVED FROM THE MDS 3.0 ITEM SET

THE GAME HAS BEGUN

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States with Medicaid PDPM Reimbursement

1/1/22: WI – Nursing & NTA

7/1/22: IL – Nursing Only

Texas Proposal on Table – Nursing & NTA with
Cognitive Impairment Capture

States with PDPM Data Collection Turned On

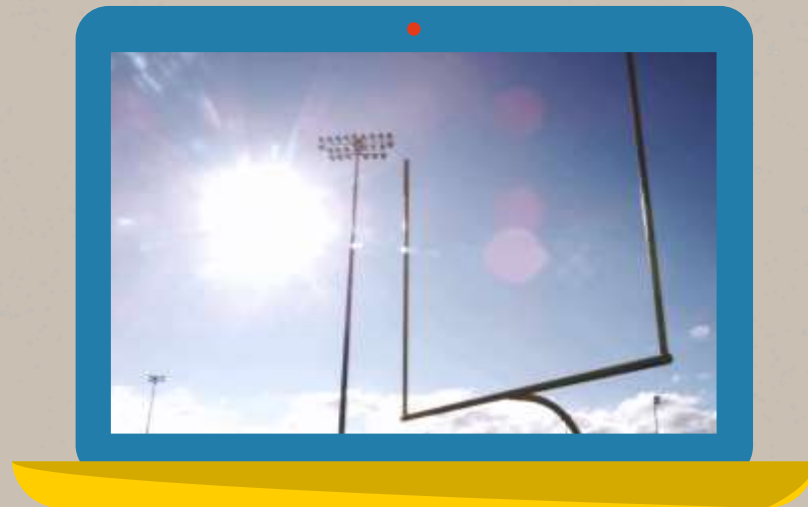
10/1/20: CT, GA, MN, MS, MO, NC, WV, NE, WV

11/1/20: NH, 7/2/21: PA, 10/1/21: MA, 11/1/22: TX

*States are Currently in Planning Stages

RAI STATE “OFFICIALS”

<https://www.cms.gov/files/document/appendix-b-08252022.pdf>



FORWARD PROGRESS: IMPACT ON CLINICAL & FINANCIAL OUTCOME

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Clinical Impact and Reporting of Function (Self Care and Mobility)

- Determination of Prior Level of Function (Impacts CMS' 'expected' outcomes)
- Establishment of Baseline Usual Performance
- Identification of Patient Centered Goals and Plans of Care for Safe Transition
- Assessment of DC Usual Performance vs. Baseline and Goals
- GG data used for QRP Reporting on functional improvement for all patients who received Rehab with a planned DC

Financial Impact

- 2% reduction in Med A reimbursement with incomplete assessments (dashes)
- SNF PDPM PT/OT and Nsg daily rate for Part A short stay residents
- Impact to publicly reported information in Care Compare > Public Opinion>Census
- State by State use of GG items sets within re-modeled Medicaid Reimbursement

★ POLL QUESTION 1 ★

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Who are your team members involved
in GG information gathering?



REHAB



MDS



DON



**CHARGE
NURSE**

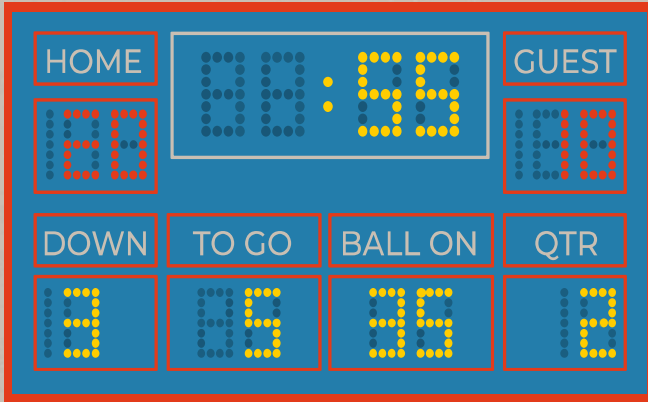


CNA

FIRST HALF TOWARDS SUCCESS

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Possession: Education & Training

- Scoring and Collection Differences between MDS Section G ADL scoring and GG Functional Scoring
 - GG Data Gathering; First 3 days of Usual Performance on Admission, ARD and 2 Days Prior for OBRA, IPA and DC
 - G Data Gathering; Last 7 days Most Help Needed / rule of 3
 - GG Scoring 6-1, 6 Independent, 1 Dependent – with 4 Not Assessed options
 - G Scoring 0-4, 0 Independent, 4 Dependent
- GG Functional Scores impacting Reimbursement and QRP's; Eating, Toileting, Oral Hygiene, Toileting Hygiene, Avg of 2 bed mobility and 3 transfer scores plus 2 walking items
- G ADL's impacting Reimbursement; Bed Mobility, Eating, Toileting, Transfers

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DOWN

Mastering the Gathering
of Usual Performance



INCOMPLETE PASS

Lacking Documentation of
IDT Determination of Usual



FOULS

Using Therapy Eval Alone
as Admission Assessment
Baseline



TRIES MISSED

Dashing on Baseline or
Discharge Assessments

★ THE RULE BOOK SURROUNDING GG ★



RULE BOOK = RAI MANUAL INSTRUCTIONS

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DEFINITION USUAL PERFORMANCE

“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 Manual



RULE BOOK = RAI MANUAL INSTRUCTIONS

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- 01** Performance assessment: Direct observation, resident self-reports, qualified clinicians, care staff, or family documented in the resident's medical record during the three-day assessment period. CMS anticipates that a multidisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period.
- 02** Residents should be allowed to perform activities as independently as possible, as long as they are safe.
For the purposes of completing Section GG, a "helper" is defined as facility staff who are direct employees and facility contracted employees (e.g., rehabilitation staff, nursing agency staff). Thus, does not include individuals hired, compensated or not, by individuals outside of the facility's management and administration, such as hospice staff, nursing/certified nursing assistant students, etc. Therefore, when helper assistance is required because a resident's performance is unsafe or of poor quality, only consider facility staff when scoring according to amount of assistance provided.
- 03**
- 04** Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.
- 05** The admission functional assessment, when possible, should be conducted prior to the resident benefitting from treatment interventions in order to reflect the resident's true admission baseline functional status. If treatment has started, for example, 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.
- 06** Refer to facility, Federal, and State Nurse and Therapist policies and procedures to determine which SNF staff members may complete an assessment.

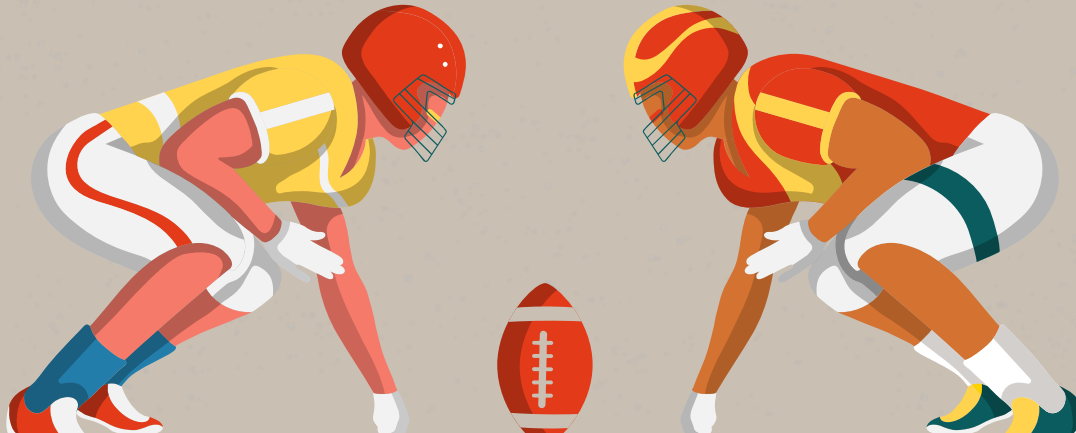
APPROACHES TO ADDRESS DIFFERING CODES AMONGST ASSESSMENTS

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Best practice: Capture within documentation of usual performance determination in the EMR including a note as to why disciplines have differing responses in their assessments.

Example: Use of nursing documentation from each shift would provide more insight into the “usual performance” than a therapy session set up to facilitate optimal safety and independence. The caregiver support needed outside of the therapy sessions day 1, 2 and 3 (prior to the benefit of intervention) is key to accurate capture.



**Surveying both the caregivers & the medical record are critical & utilize the “activities not assessed” (ANA) options available when applicable. These codes will all default to a dependent reflection, so if possible, assess as many as feasible within the patient's safety & abilities.*

GG SELF CARE QUESTIONS

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div style="border: 2px solid green; padding: 2px;"> \$ <input type="text"/> <input type="text"/> </div>	●	<input type="text"/> <input type="text"/>
\$ <input type="text"/> <input type="text"/>	●	<input type="text"/> <input type="text"/>
\$ <input type="text"/> <input type="text"/>	●	<input type="text"/> <input type="text"/>
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<input type="text"/> <input type="text"/>	●	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	●	<input type="text"/> <input type="text"/>
		<p>A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.</p> <p>B. Oral hygiene: The ability to use suitable items to clean teeth. 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.</p> <p>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.</p> <p>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.</p> <p>F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.</p> <p>G. Lower body dressing: The ability to dress and undress below the waist; including fasteners; does not include footwear.</p> <p>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.</p>

GG MOBILITY QUESTIONS

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. ● PUI
\$ <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.

CODING FOR ACCURATE SCORES

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Resident _____	Identifier _____	Date _____
Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)		
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. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).		
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>		
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 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)		
88. Not attempted due to medical condition or safety concerns		

SCORING CONSTRUCTION

Function Score Construction		
Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial / moderate assistance	2
02	Substantial / maximal assistance	1
01, 07, 09, 10, 88	Dependent, Refused, N/A, Not Attempted	0
<i>* Coded based on response to GG0170H1 (does the resident walk?)</i>		

SCORING CALCULATION

Section GG Items Included in PT, OT & Nursing Functional Measure

Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene*	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1 GG0170C1	Mobility: Sit to lying Mobility: Lying to sitting on side of bed	0 - 4 (average of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to stand Mobility: Chair / bed-to-chair transfer Mobility: Toilet transfer	0 - 4 (average of 3 items)
GG0170J1 GG0170K1	Mobility: Walk 50 feet with 2 turns* Mobility: Walk 150 feet*	0 - 4 (average of 2 items)

Score*

Not included in nursing score (oral hygiene & walking)

PT/OT Independent: 24

Nursing Independent: 16

★ POLL QUESTION 2 ★

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Is your IDT reviewing GG scores and usual performance determination prior to ARD?

YES



NO

KNOWING THE SCORE

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QRM'S GG Calculator



Section GG Item	Section GG Response/Code	PT/OT	Nursing
Self-care: Eating	04 Supervision or touching assistance	3	3
Self-care: Toileting Hygiene	02 Substantial / maximal assistance	1	1
Self Care: Oral Hygiene	05 Set up Assistance	4	0
	Total Self-care	8	4
Mobility: Sit to lying	04 Supervision or touching assistance	3	3
Mobility: Lying to sitting on side of bed	02 Substantial / maximal assistance	1	1
	Mobility: Lying Avg	2.00	2.00
Mobility: Sit to stand	03 Partial / moderate assistance	2	2
Mobility: Chair / bed-to-chair transfer	02 Substantial / maximal assistance	1	1
Mobility: Toilet transfer	02 Substantial / maximal assistance	1	1
	Mobility: Standing Avg	1.33	1.33
Mobility: Walk 50 ft 2 turns	88 Not attempted d/t safely concerns	0	0
Mobility: Walk 150 ft	88 Not attempted d/t safely concerns	0	0
	Mobility: Walk Avg	0.00	0.00
	Total Score	11	7



03



★ HIGHLIGHTS ★
OF CLINICAL &
FINANCIAL IMPACT

GAME STATISTICS: GG & the PT/OT CMG/ HIPPS

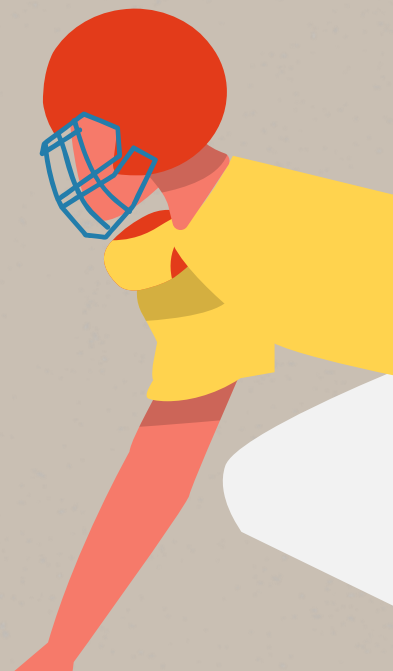
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PT/OT Component

Items impacting CMG: Clinical Category & PT/OT Functional (GG UP) Score

<input type="checkbox"/>	Collapsed Clinical Category	PT/OT GG UP Score	PT/OT Case Mix Group
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	0-5	TA
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	6-9	TB
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	10-23	TC
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	24	TD
<input type="checkbox"/>	Other Orthopedic	0-5	TE
<input type="checkbox"/>	Other Orthopedic	6-9	TF
<input type="checkbox"/>	Other Orthopedic	10-23	TG
<input type="checkbox"/>	Other Orthopedic	24	TH
<input type="checkbox"/>	Medical Management	0-5	TI
<input type="checkbox"/>	Medical Management	6-9	TJ
<input type="checkbox"/>	Medical Management	10-23	TK
<input type="checkbox"/>	Medical Management	24	TL
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	24	TP



Nursing Component

Items impacting CMG: extensive services, specialized services, IV's, co-morbidities and conditions, Nursing Functional (GG UP) Score, PHQ-9, BIMS, restorative therapies, respiratory therapy

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			CMG	HIPPS			
Extensive Services	Tracheostomy Care AND ventilator or respirator care while a resident	Nursing Functional (GG UP) Score = 0-14	ES3	<input type="checkbox"/> A			
	Tracheostomy Care OR ventilator or respirator care while a resident		ES2	<input type="checkbox"/> B			
	Infection isolation while a resident		ES1	<input type="checkbox"/> C			
Special Care High	Comatose & dependent/activity did not occur	GG UP 0-14	Depression Criteria				
	Septicemia/Sepsis						
	Diabetes with BOTH :						
	Daily injections and insulin order changes on 2+ days						
Quadriplegia & GG UP score ≤ 11	Fever with one of the following:	0-5	Yes	HDE2	<input type="checkbox"/> D		
COPD AND SOB with lying flat	- Pneumonia	0-5	No	HDE1	<input type="checkbox"/> E		
Respiratory therapy x 7 days	- Vomiting	6-14	Yes	HBC2	<input type="checkbox"/> F		
	- Weight loss	6-14	No	HBC1	<input type="checkbox"/> G		
	- Feeding tube with intake requirement**						
	Parenteral/IV feedings while a resident (K0510A1) or while not a resident (K0510A2)						
Special Care Low	Cerebral Palsy GG UP score ≤ 11	GG UP 0-14	Depression Criteria				
	Multiple Sclerosis & GG UP score ≤ 11						
	Parkinson's Disease & GG UP score ≤ 11						
	Respiratory failure and oxygen therapy while a resident						
	Feeding tube average across 7day lookback** ≥ 51% of calories OR 26-50% calories + ≥501cc fluid			0-5	Yes	LDE2	<input type="checkbox"/> H
	Radiation therapy while a resident			0-5	No	LDE1	<input type="checkbox"/> I
Dialysis while a resident	2+ Stage 2 pressure ulcers with 2+ skin treatments	6-14	Yes	LBC2	<input type="checkbox"/> J		
	Any Stage 3 or 4 pressure ulcer OR unstageable with slough or eschar with 2+ skin treatments	6-14	No	LBC1	<input type="checkbox"/> K		
	2+ venous/arterial ulcer with 2+ skin treatments						
	Stage 2 pressure ulcer x1 and venous/arterial x1 with 2+ skin treatments						
	Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings						
Clinically Complex	Extensive services, Special care high or Special care low with GG UP score = 15-16	GG UP 0-16	Depression Criteria				
	Pneumonia			0-5	Yes	CDE2	<input type="checkbox"/> L
	Hemiplegia/hemiparesis & GG UP ≤ 11			0-5	No	CDE1	<input type="checkbox"/> M
	Surgical wounds or open lesion with treatments			6-14	Yes	CBC2	<input type="checkbox"/> N
	Burns			15-16	Yes	CA2	<input type="checkbox"/> O
	While a resident: Chemotherapy, Oxygen Therapy, IV medications, Transfusions			6-14	No	CBC1	<input type="checkbox"/> P
	15-16	NO	CA1	<input type="checkbox"/> Q			
Behavioral & Cog	Cognitive impairment (BIMS score ≤ 9 or CPS > 3)	GG UP 11-16	Restorative Criteria				
	Hallucinations			11-16	≥ 2 RNP	BAB2	<input type="checkbox"/> R
	Delusions						
	Physical behavior symptoms towards others						
Verbal behavior symptoms towards others							
Other behavioral symptoms no directed towards others							
Rejection of Care	11-16	0-1 RNP	BAB1	<input type="checkbox"/> S			
Wandering							
Restorative Nursing Services - see below <i>Reduced Physical Function for RNP criteria</i>							
Reduced Physical Function	Restorative Nursing Services administered x 15 minutes per RNP program for ≥ 6 days:	GG UP 0-16	Restorative Criteria				
	- Urinary toileting program *and/or bowel toileting program			0-5	≥ 2 RNP	PDE2	<input type="checkbox"/> T
	- Passive *and/or Active range of motion			0-5	0-1 RNP	PDE1	<input type="checkbox"/> U
	- Splint or brace program			6-14	≥ 2 RNP	PBC2	<input type="checkbox"/> V
	- Bed mobility *and/or walking training			15-16	≥ 2 RNP	PA2	<input type="checkbox"/> W
	- Transfer training			6-14	0-1 RNP	PBC1	<input type="checkbox"/> X
	- Dressing and/or grooming training			15-16	0-1 RNP	PA1	<input type="checkbox"/> Y
	- Eating and/or swallowing training						
- Amputation/prostheses care							
- Communication Training							

**Count as 1 RNP if both are provided

GAME STATISTICS:

GG & the Nursing CMG/ HIPPS

FINAL SCORE:

Ex: Final Score

*Financial Impact

Nursing: 7 GG
PT/OT: 11 GG

Note: Nursing GG of 15 or 16
defaults to Clinically Complex
(L or lower)

*2022 Base Rates Urban

EX: PT/OT GG Score: 11, Nursing GG Score 7

Urban								
PDPM group	PT CMI	PT rate	OT CMI	OT rate	Nursing CMG	Nursing CMI	Nursing rate	
A	1.53	\$94.92	1.49	\$86.05	ES3	4.06	439.13	
B	1.7	105.47	1.63	94.13	ES2	3.07	332.05	
C	1.88	116.64	1.69	97.6	ES1	2.93	316.91	
D	1.92	119.12	1.53	88.36	HDE2	2.4	259.58	
E	1.42	88.1	1.41	81.43	HDE1	1.99	215.24	
F	1.61	99.88	1.6	92.4	HBC2	2.24	242.28	
G	1.67	103.61	1.64	94.71	HBC1	1.86	201.18	
H	1.16	71.97	1.15	66.41	LDE2	2.08	224.97	
I	1.13	70.11	1.18	68.15	LDE1	1.73	187.12	
J	1.42	88.1	1.45	83.74	LBC2	1.72	186.04	
K	1.52	94.3	1.54	88.94	LBC1	1.43	154.67	
L	1.09	67.62	1.11	64.1	CDE2	1.87	202.26	
M	1.27	78.79	1.3	75.08	CDE1	1.62	175.22	
N	1.48	91.82	1.5	86.63	CBC2	1.55	167.65	
O	1.55	96.16	1.55	89.51	CA2	1.09	117.89	
P	1.08	67	1.09	62.95	CBC1	1.34	144.93	
Q					CA1	0.94	101.67	
R					BAB2	1.04	112.49	
S					BAB1	0.99	107.08	
T					PDE2	1.57	169.81	
U					PDE1	1.47	159	
V					PBC2	1.22	131.96	
W					PA2	0.71	76.79	
X					PBC1	1.13	122.22	
Y					PA1	0.66	71.39	

HISTORICAL HIGHLIGHTS:

GG TRENDING % BY AVERAGE CAPTURE SCORES

	NURSING FUNCTION GG (BY DAYS)										
	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022
Average for 0-5	25.6%	30.0%	34.1%	33.1%	33.3%	33.8%	33.1%	32.3%	32.8%	33.3%	32.8%
Average for 6-14	71.7%	68.3%	63.0%	64.3%	63.7%	63.1%	65.1%	65.7%	65.2%	63.9%	65.3%
Average for 15-16	2.7%	1.6%	2.9%	2.6%	3.0%	3.1%	1.8%	2.0%	2.0%	2.8%	2.0%

	PT/OT FUNCTION GG (BY DAYS)										
	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022
Average for 0-5	13.9%	16.0%	20.3%	19.0%	17.9%	18.1%	17.4%	16.6%	16.9%	17.4%	16.7%
Average for 6-9	20.4%	23.2%	24.9%	24.9%	25.3%	25.6%	25.7%	25.2%	25.7%	25.7%	25.6%
Average for 10-23	64.9%	60.4%	54.1%	55.6%	56.1%	55.5%	56.5%	57.7%	57.0%	56.2%	57.3%
Average for 24	0.8%	0.4%	0.7%	0.6%	0.7%	0.7%	0.4%	0.5%	0.5%	0.7%	0.5%

Ex: Final Score *Financial Impact

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Nursing: 7 GG
PT/OT: 11 GG

Note: Nursing GG of 15 or 16 defaults to Clinically Complex (L or lower)

*2022 Base Rates Urban

PT/OT: MEDICAL MANAGEMENT (GG 10-23)

		PT	OT	Total	
TI	0 to 5		70.11	68.15	138.26
TJ	6 to 9		88.1	83.74	171.84
TK	10 to 23		94.3	88.94	183.24
TL	24		67.62	64.11	131.73

Difference between 6-9 and 10-23 = \$11.40/day (PT/OT combined)

NURSING: SPECIAL CARE HIGH WITH DEPRESSION GG 7 (6-14)

		Nursing	
D	0 to 5		259.58
F	6 to 14		242.28
NA	15 to 16	default to Clinically Complex	

Difference between 0-5 and 6-14 = \$17.30/day

NURSING CLINICALLY COMPLEX WITH DEPRESSION (6-14)

L	0 to 5	202.26
N	6 to 14	167.65
O	15 to 16	117.89

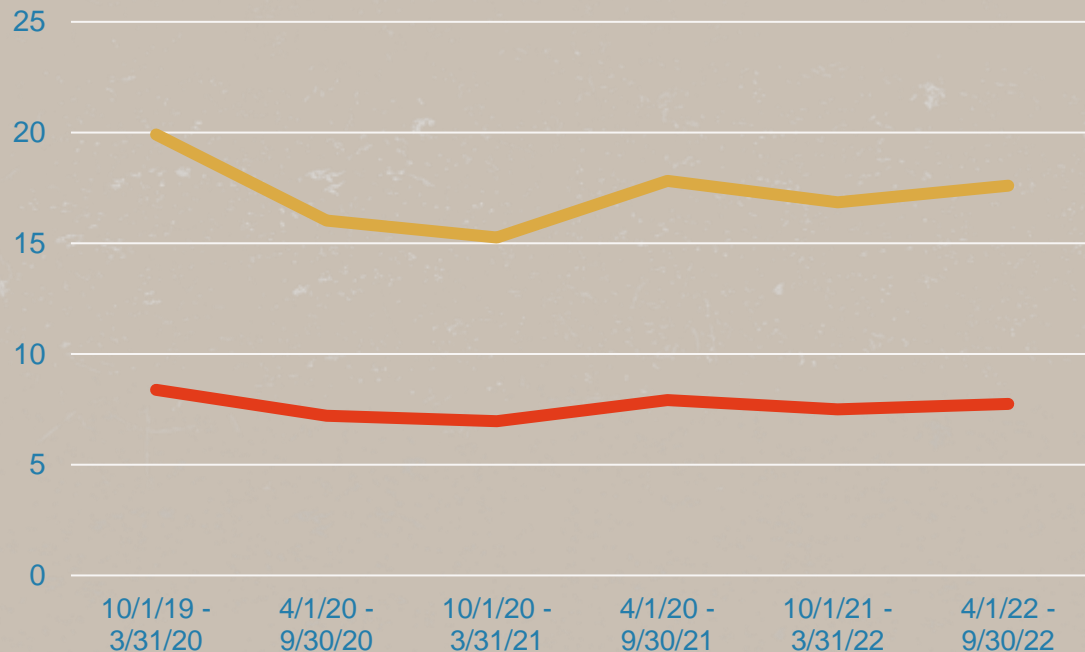
Difference between 0-5 and 6-14 = \$34.61/day

Note: Difference between SCH and CC with GG of 7 = \$74.63/day

HISTORICAL HIGHLIGHTS: SIMPLELTC TRENDING CHANGE SCORES

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Self Care Change Mobility Change



SELF CARE



MOBILITY

10/1/19 - 8/17/22

7.63

17.25

Source: [SimpleLTC](#)

OFFICIALS AND PENALTIES: CARE COMPARE SHORT STAY QM'S

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Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan

100%

National average: 98.8%

↑ Higher percentages are better

Percentage of residents who are at or above an expected ability to care for themselves at discharge

54.1%

National average: 46.7%

↑ Higher percentages are better

This measure estimates the percentage of SNF resident stays where the self-care score at discharge is at or above the discharge score that was expected for them after adjusting for key resident characteristics.

Percentage of residents who are at or above an expected ability to move around at discharge

54.6%

National average: 39.7%

↑ Higher percentages are better

This measure estimates the percentage of SNF resident stays where the mobility score at discharge is at or above the discharge score that was expected for them after adjusting for key resident characteristics.



OFFICIALS AND PENALTIES: CARE COMPARE SHORT STAY QM'S, CONTINUED

Change in residents' ability to care for themselves

7.7

- Scores above 0 mean that the self-care score has improved and scores below 0 mean that the self-care score has worsened

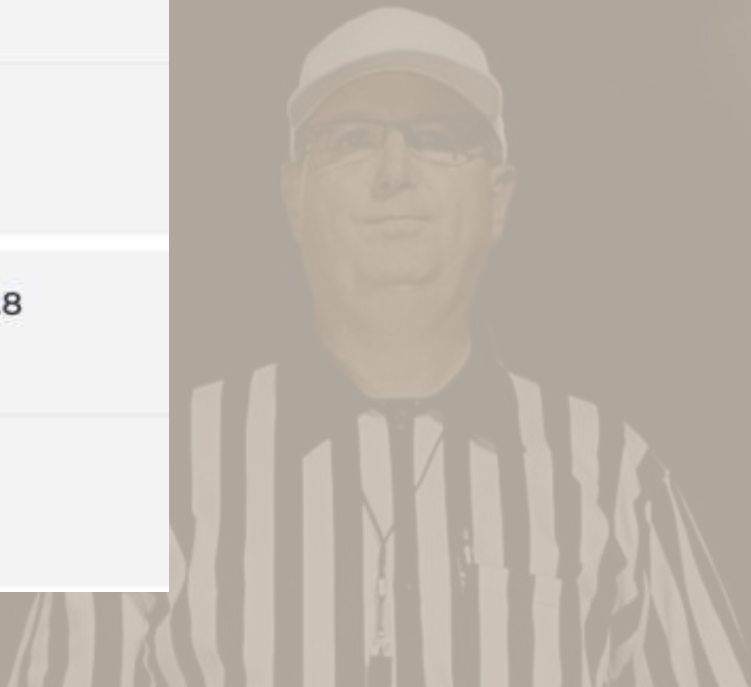
The national average isn't available because facility scores should be compared to 0 to understand facility performance. Scores above 0 are better.

Change in residents' ability to move around

18.8

- Scores above 0 mean that the mobility score has improved and scores below 0 mean that the mobility score has worsened

The national average isn't available because facility scores should be compared to 0 to understand facility performance. Scores above 0 are better.





THE SCOREBOARD KEEPING TRACK WITH SIMPLELTC

★ GAME PLAN STRATEGIES FOR SUCCESS ★

04



COACHING PHILOSOPHY

“The secret to winning is constant, consistent management.”

—Tom Landry, Dallas Cowboys

- Use resources available for training
- Establish Tool & Communications for Gathering of GG information
- Identify IDT members responsible for assessing usual performance
- Enforce ‘timely’ IDT meetings
- Review impact to PT/OT & Nursing Capture by end of Day 3
- Audit HIPPS scores prior to ARD
- Trend Self Care & Mobility Completion % & Change Scores

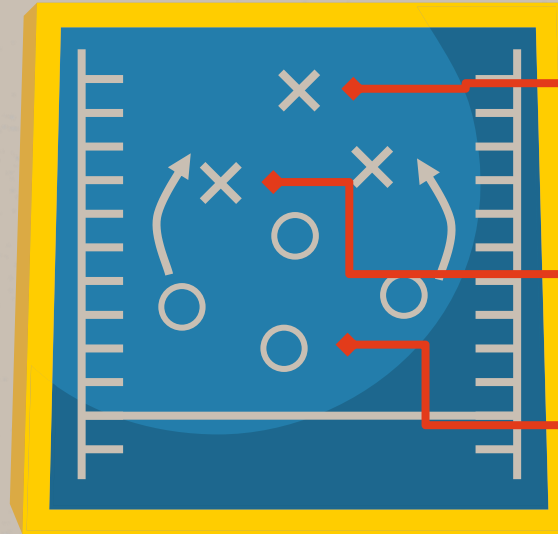
IT'S A GAME OF STRATEGY

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Gathering the Information

- Engaging team players: CNA's – all 3 shifts, charge nurses, therapists, activities, family
- Use of UDA's in gathering functional performance throughout the day and night
- Determination and documentation of “usual”



Gathering the Information

Asking the Right Questions

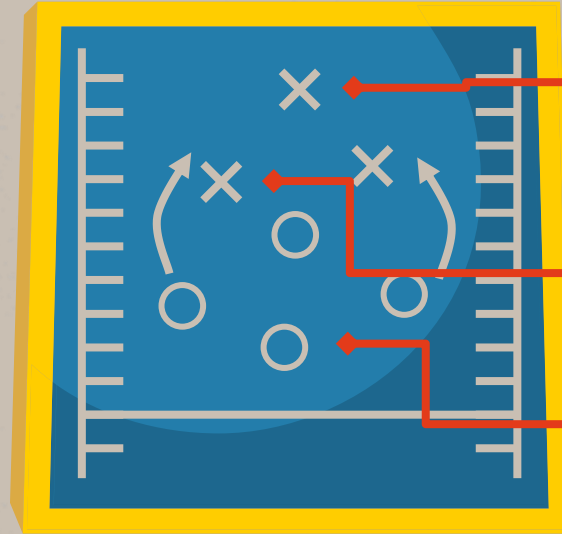
Reviewing the Scores

CMS Training Videos

IT'S A GAME OF STRATEGY

Asking the Right Questions

- Highlighting differences between G and GG
- Section G, bed mobility is captured in one item:
 - G0110A, Bed mobility: How resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.
- Section GG, Bed mobility, includes two separate items:
 - GG0170B, Sit to lying: The ability to move from sitting on the side of the bed to lying flat on the bed.
 - GG0170C, Lying to sitting on side of bed: The activity includes resident transitions from lying on his or her back to sitting on the side of the bed with his or her feet flat on the floor and sitting upright on the bed without back support.



Gathering the Information

Asking the Right Questions

Reviewing the Scores

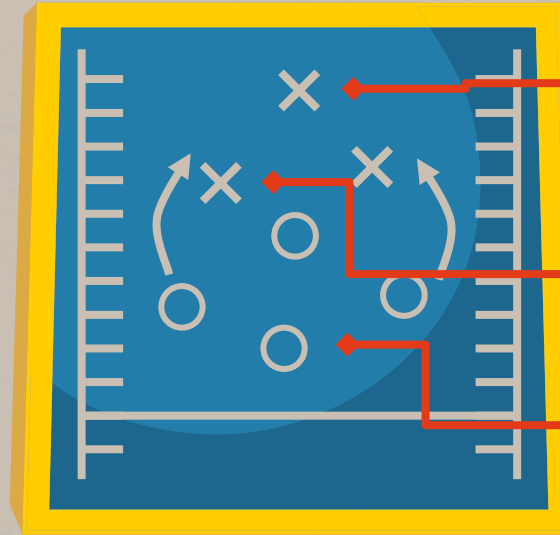
IT'S A GAME OF STRATEGY

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Reviewing the Scores

- By End of Day 3 IDT Review of documented usual performance
- Understanding the impact
- Baseline vs DC tells the story of functional improvement



Gathering the Information

Asking the Right Questions

Reviewing the Scores

CMS Training Videos

CMS GG SCORING “QRP POCKET GUIDE”

CMS QRP POCKET GUIDE

**GG Self-Care and Mobility
Performance Coding Instructions**

06. Independent: The patient/resident completes the activity by themselves with **no assistance** from a helper.

05. Setup or clean-up assistance: The helper sets up or cleans up; patient/resident completes activity. The helper assists **only prior to or following** the activity, but not during the activity.

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

03. Partial/moderate assistance: The helper does **LESS THAN HALF** the effort. The helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance: The helper does **MORE THAN HALF** the effort. The helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent: The helper does **ALL** of the effort. The patient/resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the patient/resident to complete the activity.

CMS QRP POCKET GUIDE


**GG Self-Care and Mobility Activity
Not Attempted Coding Instructions**

07. Patient/resident refused: The patient/resident refused to complete the activity.

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

10. Not attempted due to environmental limitations: The patient/resident did not attempt this activity due to environmental limitations. Examples include lack of equipment, weather constraints.

88. Not attempted due to medical condition or safety concerns: The activity was not attempted due to medical condition or safety concerns.





CMS Pocket Guide

THE HUDDLE:

CAPTURING INFORMATION PRIOR TO THE BENEFIT OF INTERVENTION IS KEY

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IDT GG Usual Performance (UP) Log

Admission Performance – POFM Functional Scores

Patient -	Date	Date	Date	Admission of IDT GG Waiver for UP Decisions			
				Wavering Name	Signature	Initials	
00 Self-Care Items	Day 1 UP	Day 2 UP	Day 3 UP	Admission SB Code	Decision Date	Nursing Initials	Rehab Initials
01 Bathing*							
02 Dressing**							
03 Toilet Hygiene*							
04 Shower/Bathe safe							
05 Upper Body Dressing							
06 Lower Body Dressing							
07 Don/Off Footwear							
08 Mobility Items	Day 1 UP	Day 2 UP	Day 3 UP	Admission SB Code	Decision Date	Nursing Initials	Rehab Initials
09 Bedding (Lift) Kiosk							
10 Sit to Lying*							
11 Lying to Sit*							
12 Sit to Stand*							
13 Bed-to-Chair Transfer*							
14 Toilet Transfer*							
15 Car Transfer							
16 Walk 10 ft							
17 Walk 50 ft + 3 turns**							
18 Walk 100 ft**							
19 Walk 10 ft uneven surfaces							
20 Transfer/Kiosk							
21 4 steps							
22 10 steps							
23 Pick up and object							
24 Wheel 50 ft + 3 turns							
25 Wheel 100 ft							

* Independent; ** Self-req; ** Supervision/Teaching; ** Partial/Mod Assist; ** Substantial/Max Assist; ** Emergency
** Not applicable due to safety; ** Not applicable; ** Refused; ** Not applicable due to environment/setting

POFM Scoring Construction			POFM Functional (00) UP Scores	
Descriptor	Code	Score	PT/OT GG UP Score	Nursing GG UP Score
Independent & Set up	04	4		
Supervision or coaching	04	3		
Partial/Moderate Assistance	03	2		
Substantial/Maximal Assistance	02	1		
Dependent, MIA, DNR	01, 01, 04, 10, 10	0		

*use to calculate PT/OT/Nursing Functional Scores
**only use to calculate POFM Functional Scores

- Capturing of Information - prior to the benefit of intervention
- Document the IDT determination of “usual performance”
- Date of determination to back up 3 day capture
- Note GG Assessment Window:
- Admission Assessment = day 1, 2 and 3
- IPA, DC and OBRA = ARD and 2 days prior

IDT GG UP LOG



“Setting a goal is not the main thing. It is deciding how you will go about achieving it and staying with that plan.”

—**Tom Landry, Dallas Cowboys**

★ **RESOURCES** ★
FOR THE WIN



★ RESOURCES ★

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TRAINING CAMP

- [CMS GG Training Video](#)
- [CMS GG Scoring QRP Pocket Guide](#)

RULE BOOK



- MDS Manual
- MDS 3.0 Item Set Version 1.18.11 | MDS 3.0 Resident Assessment Instrument RAI Manual
 - *A finalized version of this item set will be posted later in 2022 that will be effective October 1, 2023*
- CMS' Post on MDS 3.0 RAI Manual
- Draft MDS 3.0 Item Set V.1.18.11
- RAI Manual
- State RAI Coordinator:
 - [Appendix B 08252022 \(PDF\)](#)
 - [Changes to Appendix B_August_2022 \(PDF\)](#)

★ RESOURCES ★

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GAME PLAN

- [QRM's GG Calculator](#)
- [QRM's GG UP Log](#)
- [QRM's Buzzsheet](#)



FILM HIGHLIGHTS

- [SimpleLTC Data Analyzer](#)



THE WIN



- Safe Transitions of Care with Expected Goals Met
- [CMS Care Compare](#) Outcomes
- Reimbursement Capture

QRM HAS GOT YOU COVERED

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- **Comprehensive In-House Rehab Management**

- In-House Transitions
- Ongoing Program Ownership
- Cost Containment
- Operational Expertise

- **PDPM Training**

- Analytics
- Onsite Support
- Podcasts & Webinars
- PDPM Tool Kit

- **Clinical Programming & Education**

- Outcome Focused
- Compliance Driven
- MDS Training & Support
- Medical Review
- Recruitment & Staffing
- LTC Branding & Digital Marketing

For questions or additional
information, please email
info@qrmhealth.com

CORE Analytics joins the Simple/Netsmart family!



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a Netsmart solution

+ **CORE**
analytics =

The first **complete view** of
Claims + MDS + Staffing

For your free demo, email sales@simpleltc.com

★ **QUESTIONS?** ★



**THANK YOU
FOR ATTENDING**

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