

## MDS Alert

### MDS 3.0: Get Ready Now For Completing The New Section GG

**Find out when (and how often) you need to complete these new MDS items.**

At first glance, the newly released Section GG □ Functional Abilities and Goals looks a whole lot like Item G0110 □ Activities of Daily Living (ADL) Assistance. But if you try to code the new section the same way you code ADLs, you'll end up with completely incorrect assessments.

#### Where Section GG Came From

**Background:** The IMPACT Act of 2014 mandated that the **Centers for Medicare & Medicaid Services (CMS)** standardize patient assessment and quality measures across post-acute care settings, according to a Feb. 15 blog posting by **Colleen Gouldrick** of **Harmony Healthcare International**. As part of this initiative, CMS developed the Continuity Assessment Records and Evaluation (CARE) Item Set, which measures Medicare beneficiaries' health and functional status at the time of acute discharge, as well as changes in severity and other outcomes for Medicare PAC patients.

Effective Oct. 1, 2016, skilled nursing facilities (SNFs) must begin using the new MDS 3.0 Sections A and GG to submit both functional and quality measure data in the form of patient assessments, Gouldrick noted. CMS also added a SNF Medicare Part A PPS discharge assessment for when a Part A stay ends.

#### What You'll Need to Assess

There are 16 new items in Section GG, representing half of the total items in the CARE set, Gouldrick noted. These new items will require you to assess the following:

1. Eating;
2. Oral hygiene;
3. Toileting hygiene;
4. Sit to lying;
5. Lying to sitting on side of bed;
6. Sit to stand;
7. Chair-/bed-to-chair transfer;
8. Toilet transfer;
9. Whether the resident walks;
10. Walk 50 feet with two turns;
11. Walk 150 feet;
12. Whether the resident uses a wheelchair/scooter;
13. Wheel 50 feet with two turns;
14. Type of wheelchair/scooter used (manual or motorized) to wheel 50 feet;
15. Wheel 150 feet; and
16. Type of wheelchair/scooter used (manual or motorized) to wheel 150 feet.

#### When You Need to Complete Section GG

The new Item GG0130 □ Self-Care appears on admission to PPS Part A and again at discharge, according to the **Kansas**

**Department for Aging and Disability Services (KDADS).** This includes an assessment of the resident's admission performance and discharge goals for eating, oral hygiene, and toileting. At discharge from the PPS Part A stay, you will evaluate the discharge performance again and score Item GG0130.

Also, you will capture the new Item GG0170 □ Mobility on admission to PPS Part A and again at discharge, KDADS explained. This item includes an assessment of the resident's admission performance and discharge goal for how the resident moves from sitting to lying and from lying to sitting on the side of the bed, from sitting to standing, as well as in chair, bed, and toilet transfers. The item also measures a variety of walking skills.

**What this means:** You'll need to complete Section GG with each five-day MDS PPS assessment, according to Gouldrick. Unlike the CARE tool that requires only a two-day assessment period, the assessment period for this MDS section is days one through three of the SNF PPS stay, starting with the date recorded in Item A2400B □ Start date of most recent Medicare stay.

You need to complete both the "Admission Performance" (Column 1) and "Discharge Goal" (Column 2) for each of the 16 new items with each five-day PPS MDS, but you need to complete only "Discharge Performance" for each of the items for the SNF PPS Part A Discharge MDS.

You must also complete Section GG on the new SNF PPS Part A Discharge assessment when a Medicare Part A stay ends, Gouldrick explained. The assessment period here is the last three days of the SNF PPS stay, ending on the date recorded in Item A2400C □ End date of most recent Medicare stay. This also means that you'll complete Section GG when all of the following occurs:

- Discharge was planned (A0310G □ Type of discharge is 1 □ Planned and not 2 □ Unplanned); AND
- The resident is not discharged to an acute care hospital (A2100 □ Discharge Status is not 03 □ Acute hospital); AND
- The discharge occurs on or after the fourth day of the resident's Medicare stay (A2400C minus A2400B is greater than two).

### **Don't Let the Scoring Confuse You**

The scoring for Items GG0130 and GG0170 is on a six-point scale, ranging from independent at the highest score and dependent at the lowest score.

**Confusion:** Beware that the scoring for these Section GG items runs counter to the current ADL Item G0110, in which independent has the lowest score and total dependence has the highest, KDADS pointed out. "Facility staff who complete these sections of the MDS will need to pay close attention to the new scoring rules."

In addition to the reverse scoring methodology, the definitions for each functional category are also different from those in Item G0110, so be sure to study the definitions before coding. For Items GG0130 and GG0170, you must score the resident's usual performance using the following scale:

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

Or, if the resident did not attempt the activity, you must code one of the following reasons:

- **07** ☐ Resident refused;
- **09** ☐ Not applicable; or
- **88** ☐ Not attempted due to medical condition or safety concerns.

**Resources:** The draft item subsets for the Oct. 1, 2016 release, including the new Section GG items, are available in the Downloads section at the bottom of the webpage at

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html). For more information on the CARE item set, visit

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE.html).