

## MDS Alert

### Section GG: Understand The 5 W's Of Section GG Groundwork

**Know when you must code this new section  and when you don't have to.**

The countdown to major RAI Manual changes is underway, as the clock ticks toward the Oct. 1 implementation date. Make sure you're tackling these key issues now, so you're well-prepared for coding the new Section GG  Functional Abilities and Goals.

#### Who Will Be Responsible for Coding?

"The big, heavy, pressing question is who will be responsible at the facility for gathering and coding this information," stated **Elisa Bovee**, Senior Vice President of Operations for **Harmony Healthcare International Inc.** in a June 24 blog posting.

"Many providers say that their knee-jerk reaction is to have the rehabilitation professionals assess and code these new items," Bovee noted. "While this may work for some providers, this same approach may not be advantageous for all skilled nursing facilities."

You might have the MDS nurse or the therapist complete Section GG (see "Take 3 Strategic Steps Now To Prepare For The New Section GG," MDS Alert, Vol. 14, No. 6, page 61). But you have more than just these two options, says **Marilyn Mines, RN, BC, RAC-CT**, MDS Alert Consulting Editor and Senior Manager at **Marcum LLP** in Deerfield, Ill.

"The restorative nurse or a charge nurse can also be the one assigned to complete this section," Mines notes. "I personally don't think it should be the person who is completing Section G."

**Pay attention:** When tackling the question of "who," Bovee recommended considering the following questions:

- Is the MDS Coordinator going to be a liaison between nursing assessments of function and rehabilitation professionals reporting of "usual performance?"
- How will you collect the data? Will you develop a form, or will the team discuss verbally?
- Will your team meet regularly to review the RAI Manual's examples of coding Section GG to confirm that staff are consistent with the coding?
- Who will train your team with emphasis on Steps for Assessment from the RAI Manual draft? Specifically, the team should train on and discuss the meaning of "usual performance" and reporting on the six-point coding scale with consistency to maintain the inter-rater reliability.

#### What Your Team Needs to Know

Section GG has a new six-point scale for coding functional ability, but the coding conventions and terminology are different from what you're used to in Section G  Functional Status.

**Do this:** Your preparation should include "dedicated time to educate the entire interdisciplinary team as well as the patient and family for clarity with performance levels," Bovee said. This is especially true for the following tasks in Section GG:

- Eating  bringing food to the mouth AND swallowing;

- Oral hygiene □ make sure you consider the management and cleaning of dentures;
- Toilet hygiene and transfers □ make sure the team is clear on the fact that managing ostomy is assessed here, but not managing the equipment; and
- Walking and wheelchair mobility a minimum of 50 feet with two turns □ does your facility have a suitable space to assess the patient turning in the wheelchair?

**Hidden trap:** Beware that the scoring of Supervision, Moderate Assistance, and Maximal Assistance as defined in Section GG are not consistent with how therapists assess and report functional performance on their standard evaluations, Bovee cautioned. And once you've determined the patient's performance based on the six-point coding scale, your team must settle on which area(s) will trigger setting discharge goals.

### When to Code Section GG

Starting on Oct. 1, 2016, you must complete Section GG for skilled residents at the time of admission and at the time of a planned discharge for Medicare Part A residents only.

Keep in mind that you'll need to complete Section GG with all PPS five-day assessments, according to instructions from **Shelly Nanney, RN, RAC-CT**, MDS Clinical Coordinator for the **Texas Department of Aging and Disability Services (DADS)**. So even if this is the second or third readmission, you will still need to complete Section GG.

**Caveat:** "You won't have to complete Section GG upon transfer to the hospital, if this is an unplanned discharge," Nanney stated. "But it will need to be completed upon the resident's return to SNF services in your facility."

If you deal with managed care skilled residents, you should ask the Managed Care Organization (MCO) if it will require you to complete Section GG when an unplanned discharge occurs, Nanney added. "This is completely up to that MCO as to completion of GG."

### Where You Might Run Into Trouble

There are numerous areas in Section GG where you could make mistakes. One issue that you should always keep in mind, however, is the use of dashes ("-") throughout the section. As you know, coding a dash indicates "no information," but Section GG offers several alternative codes that you should use instead of a dash:

- Code 07 □ Resident refused if the resident refused to perform the activity;
- Code 09 □ Not applicable if the item is not applicable; or
- Code 88 □ Not attempted due to medical condition or safety concerns.

**Beware:** CMS expects the use of a dash for SNF Quality Reporting Program (QRP) items to be a "rare occurrence." If you use dashes for these items, you will be at risk for a 2-percent reduction in your annual payment update.

### Why This New Section is So Important

One important way the new Section GG will impact your facility is in your quality scores. That's because Section GG will be directly connected to three new quality measures (QMs):

- Percent of Residents Who Improved Performance in Transfer, Locomotion, and Walking in the Corridor (Short Stay);
- Percent of Residents Who Declined in Independence in Locomotion (Long Stay); and
- Percent of Residents Whose Need for Help with Activities of Daily Living Increased (Long Stay).

"The four late loss ADLs in Section G have been a major focus for providers to maintain accuracy with documentation, observations, and coding," Bovee said. "There are now additional areas in Section G and Section GG that will demand



further scrutiny and education for direct care staff to avoid miscoding, resulting in disruption in the QMs as well as impacts to reimbursement under Prospective Payment and Case Mix."

**Bottom line:** Accurately and successfully coding the new Section GG not only will be crucial to your overall MDS completion, but also will severely impact your QMs and reimbursement. Preparing now and educating the interdisciplinary team is essential to avoiding a Section GG coding disaster come Oct. 1.