



Therapy Terminology Mod A to Max A (51% or MORE of the effort done by the helper) MDS Code Section GG Definition HALF the effort. Helper lifts or holds trunk or limbs and provides MORE THAN HALF the effort.

Therapy MDS Code Section GG Definition Terminology Min A or Mod A (50% or LESS of the effort done by the helper) MDS Code Section GG Definition Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs and provides less than half the effort.

GG D	efinitions – D	on't Assume!
Therapy Terminology	MDS Code	Section GG Definition
Supervision, SBA, CGA	04- Supervision / or Touching Assist	Helper provides VERBAL CUES or TOUCHING/STEADYING A as 'R' completes activity. A may be provided throughout the activity or intermittently

GG Definitions — Don't Assume! Therapy Terminology Set Up Assist 05- Set up or Clean Up Assist Helper SETS UP or CLEANS UP assist; 'R' completes activity. Helper Assists ONLY prior to or following the activity

GG I	D efinitions – D	on't Assume!
Therapy Terminology	MDS Code	Section GG Definition
	07- Resident refused 09- Not Applicable 88-Not attempted d/t medical condition or safety concern	09-Resident did NOT perform this PRIOR to current illness, exacerbation, injury 88- Most frequent reason for not
	10- Not attempted due to environmental limitations	performing activity 10-Includes a lack of equipment, weather constraints

Prior Level	of Function	– GG Definitions
Therapy Terminology	MDS Code	Section GG Definition
Independent	3. Independent	Resident completed activities by him/herself with or without an assistive device, with no assistance from helper

Prior Level	of Function -	- GG Definitions
Therapy Terminology	MDS Code	Section GG Definition
Set up → Max Assist	2. Needed some help	Resident needed partial assistance from another person to complete activities

Prior Level	of Function	– GG Definitions
Therapy Terminology	MDS Code	Section GG Definition
Dependent	1. Dependent	A helper completed the activities for the resident.

Prior Level o	of Function –	GG Definitions
Therapy Terminology	MDS Code	Section GG Definition
	8. Unknown 9. Not Applicable	

Prior Level of Function – GG Definitions

Prior Device Usage

- A. Manual Wheelchair
- B. Power Wheelchair
- C. Mechanical Lift
- D. Walker
- E. Orthotics / Prosthetics
- Z. None of the Above

Coding of Contact Guard Assist

• Upon further clarification from the RAI manual, coding of Contact Guard Assist (CGA) is coded as a (4) - Supervision / or Touching Assist on the GG assessment tool. See updated GG crosswalk attached.

Usual Performance

- Since section GG is to be based on the usual performance, do not extrapolate or assume a patient's ability to perform similar tasks (i.e. car transfers/ toilet transfers).
- Unobserved areas need to be scored according to why they were not performed- such as "9", "88" etc. Data may be gathered by an assistant as well especially for Discharge coding. Be sure the final TENs and D/C summary support GG scoring.

Support Your Section GG Coding

- Be sure the evaluation document supports GG specific scoring by using Optima prompts when available (Ex. Personal hygiene prompt under toileting) or provide supporting documentation.
- If a GG scoring item was not assessed during evaluation and was scored as as a 07, 09, 10, or 88, it can still be assessed and scored (if appropriate) on the GG discharge assessment. Be sure to update the POC in a recert with relevant goals and assessment information.
- There is no penalty for scoring areas upon D/C when not previously scored

Providing Goals For GG

 Only one goal is necessary in Optima currently - if MDS insists on additional goals, please discuss with your Area Manager or Regional Director

Multiple Hospital Readmissions

• For those patients with multiple readmits from the hospital during one episode of care, Prior Level of Function for GG is the last discharge status. Remember- Section GG is an outcomes measure so we want to show the greatest room for improvement

ADL Clarification

- Per AANAC- Donning/ doffing a lower extremity orthotic would be coded with FOOTWEAR
- A lower extremity prosthetic would be coded with LOWER EXTREMITY DRESSING

Community Mobility for Discharge

- When appropriate, be sure to assess and document car transfers, stairs, and uneven surfaces for those returning to community AND actual turns of 90° angle with 50' of gait.
- Remember walking on uneven surfaces (such as a broken down sidewalk to enter home) probably applies to those returning to the community, be sure to assess and document this area prior to D/C.

Using a Wheelchair

- Remember if a wheelchair is used for facility convenience but is not expected to be used upon D/C, when completing the GG item for wheelchair mobility, you can indicate "No", the chair is not used.
- If the person needs the chair to navigate facility distances and is remaining LTC or we anticipate wheelchair need upon D/C to community, then this area would be scored.

2+ Person Assistance

• If the person requires assist of two, such as a wheelchair follow, this must be documented as to why, and the person scores as a "1" or dependent.

Mechanical Lift Usage

- From AANAC- If a person is an assist of one for stand lift transfer- only 1 employee needed since person bears some wt through LE- so code as 2- Max A HOWEVER_ if your facility has a policy for 2 persons to assist with any mechanical type lift, this would be coded as 2 or Dependent per CMS guidelines.
- If a mechanical lift must be used, (Hoyer) 2 persons are generally required to assist and this area would be coded as 01, dependent.

Assistive Device / Equipment Usage

- If an assistive device has been unused for a length of time prior to recent episode of illness, it would not count as prior use.
- The use of equipment (including walkers, bed rails, reachers, etc.) does not impact scoring, however, if you need to cue or assist them to use the device, that WILL affect the score.
- If the head of the bed must be kept up- such as for those with PEG tubes, items such as rolling, sit to lying and lying to sitting at EOB cannot be safely scored since the bed cannot be flat, the code would be "88".

Coding of Items Not Tested

- Be aware of an activity that is not attempted and coded either as 7, 9, 10 or 88, this results in a score of "0" and can diminish outcome results. Use of these codes should be minimized when possible.
- CMS may choose to decrease reimbursement for sites with lower risk adjusted outcomes! Managed care companies may terminate contracts for lower performing facilities.
- This information is also indirectly reported on the Nursing Home Compare site so the
 public can make informed decisions about placing their loved one. Data is also being
 gathered to determine what post acute care site delivers the best results for the money spent
 and may significantly alter future skilled nursing facility reimbursement programs.
- It is essential that we code accurately as section GG scoring will eventually affect reimbursement. (See PT / OT Function Scoring Table for scoring values)

PT / OT Function Scoring

Score Value	Response
4	05, 06 → Set-up assistance, Independent
3	04 → Supervision or Touching Assistance
2	03 → Partial / Moderate Assistance
1	03 → Substantial / Maximal Assistance
0	01, 07, 09, 10, 88 → Dependent, Refused, N/A, Not Attempted Due To Medical Condition or Safety Concern