

1. Usual Performance

The RAI manual, page GG-3 states, *“Residents should be coded performing activities based on their ‘usual performance’ (or baseline performance on admission), which is identified as the resident’s usual activity/performance for any of the self-care or mobility activities, not the most independent or dependent performance over the assessment period. **Therefore, if the resident’s self-care performance varies during the assessment period, report the resident’s usual status, not the resident’s most independent performance and not the resident’s most dependent episode”.***

The RAI manual, page GG-4 states, *“**For the Admission assessment, code the resident’s functional status based on an assessment of the resident’s performance that occurs soon after the resident’s admission. This assessment must be completed within 3 calendar days (days 1 through 3 of the Medicare Part A stay), starting with the date in A2400B, Start of most recent Medicare stay and the following two days, ending at 11:59 PM on day 3. The assessment should occur prior to the start of therapeutic intervention in order to capture the resident’s true admission baseline status.**”*

These directions present conflict:

1. a. *A SNF that initiates therapy on the day of admission or the day after would not be able to capture resident performance over the 3 calendar day period, because therapeutic intervention would begin sooner. Potentially, the SNF would only have one shift for assessing the resident’s self-care or mobility performance. **Is this acceptable to CMS to meet the requirement for assessment of Section GG usual performance?***

CMS Response:

The 3-day assessment period for the admission assessment includes days 1 through 3 of the Medicare Part A stay, starting with the date in A2400B, Start of most recent Medicare stay and the following two days, ending at 11:59 PM on day 3. The assessment should occur prior to the start of therapeutic intervention in order to capture the resident’s true admission baseline status.

Clinicians should code the resident’s admission functional status based on a functional assessment that occurs soon after the resident’s admission. The resultant admission function scores from that assessment are to reflect the resident’s admission baseline status. Therefore, as we suggest in the RAI Manual, this assessment should occur prior to the person benefitting from treatment interventions, if possible. This is because therapy interventions can affect the resident’s functional status, and what we want to see on admission is the score that most reflects the resident’s status prior to any benefit from therapy.

This does not mean, however, that a facility is to complete Section GG based on one single observation by a therapist in isolation on the day of admission, nor does it mean that we expect providers to withhold therapy evaluations and treatment until the functional assessment is completed. CMS respects the interdisciplinary process, and if through that process, a person’s clinical functional assessment can be completed and usual performance determined on day 1, it is acceptable to document that in Section GG. If this is accomplished by day 2 or by 3, that is also acceptable. Remember, if a clinician notices that someone’s performance for any of the activities in Section GG varies over the course of the day, the clinician wants to ensure that she/he captures the

person's usual status. Therefore, it is appropriate that the determination of usual performance may require a day or two to consult with other staff, even if therapy has already started.

1. b. *At the CMS SNF QRP Provider Training in Atlanta, attendees were advised that Section GG performance on the 5-day PPS assessment is intended to reflect baseline performance prior to admission to SNF. Based on the directions in RAI manual, including page GG-20, "record the resident's usual performance during the assessment period", the information shared at SNF QRP training is not accurate. **Please confirm or clarify.***

CMS Response:

For Section GG, the 3-day assessment period for the admission assessment includes the day of admission and the two days following the day of admission, and the two days following the day of admission ending at 11:59 pm; this does **not** include the resident's performance **prior** to admission to the SNF. Please note that the IRF-PAI and LTCH CARE Data Set do include items that focus on a person's prior functioning. However, these items are not on the MDS and were not discussed during the SNF QRP Trainings.

2. Discharge Goals

The RAI manual, page GG-13 *"For the cross-setting quality measure, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, a minimum of one self-care or mobility goal must be coded per resident stay on the 5-Day PPS assessment. Even though only one discharge goal is required, the facility may choose to code more than one discharge goal for a resident."*

RAI manual, page GG-13, *"Use the 6-point scale to code the resident's discharge goal(s). **Do not use the "activity was not attempted" codes (07, 09, or 88) to code discharge goal(s). Use a dash (-) to indicate that a specific activity is not a goal. Of note, one goal must be indicated for either self-care or mobility. Using the dash in this allowed instance does not affect APU determination.**"*

These directions present conflict:

*CMS advises against the use of dashes due to it counting against the SNF in meeting the SNF QRP Reporting requirement. We recognize, the RAI manual states the use of a dash in one goal of Section GG will not affect the SNF QRP Reporting requirement, however we do not understand why a SNF cannot use the code 09, not applicable for the second goal if it is not applicable. **Please advise.***

CMS Response:

Currently, the data specifications only allow numeric codes on the 6-point scale (06, Independent through 01, Dependent) to be entered. "Activity was not attempted" codes (07, 09, or 88) cannot be used to code discharge goal(s), because these codes are not recognized valid codes for these items. We greatly appreciate your feedback on this matter and will take it into consideration for future updates.

For the function measure, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, a minimum of one self-care or mobility goal must be coded per resident stay on the 5-Day PPS assessment. A SNF's Annual Performance Update won't be affected if at least one self-care or

mobility goal is submitted. A dash may be entered for any other self-care or mobility that is not reported.

3. Clean up assistance

The RAI manual, page GG-3 states, “Code 05, Setup or clean-up assistance: if the helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the resident requires assistance cutting up food or opening container, or requires setup of hygiene item(s) or assistive device(s).”

Only one example is provided for self-care and one example for mobility. **Please provide more examples addressing the following:**

- *Oral hygiene: resident is able to gather supplies for brushing/cleaning dentures. Upon completion of the task the toothbrush, tooth paste, denture cup are all left out and not returned to bedside dresser or holder.*
- *Eating: resident goes through buffet line for breakfast and eats independently, but does not clear the table.*

CMS Response:

For the oral hygiene example that you provide, did the helper assist with putting toothpaste on the toothbrush, or open the denture packet? If so, code 05, Setup or clean up assistance.

For the eating example you provide, did the resident open his/her own containers and cut up his/her meat? If so, the resident can be coded 06, Independent. Placing a tray on a table or removing a tray from a table is not included in the eating activity, because this is commonly done by staff in institutional settings.

Below please find a few more examples.

Oral Hygiene: Mr. Y begins to brush his teeth after the helper applies toothpaste onto his toothbrush. He brushes his upper teeth, and then decides to take a break due to fatigue. After a short break, Mr. Y completes the activity of oral hygiene by brushing his lower teeth.

Coding: GG0130B. Oral hygiene would be coded 05, Setup or cleanup assistance.

Rationale: The helper provides setup assistance (putting toothpaste on toothbrush). The patient completes the activity. The patient takes a break between brushing his upper and lower teeth.

Oral Hygiene: The nurse provides steadying assistance to Mr. S as he walks to the bathroom. The nurse applies toothpaste onto Mr. S’s toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the nurse returns and provides steadying assistance as the patient walks back to his bed.

Coding: GG0130B. Oral hygiene would be coded 05, Setup or clean-up assistance.

Rationale: The helper provides setup assistance (putting toothpaste on the toothbrush) before Mr. S brushes his teeth. *Do not consider assistance provided to get to or from the bathroom to score Oral Hygiene.*

GG0170A. Roll left and right would be coded 05, Set-up or clean-up if the patient needed, for example the bed railing to be set-up into the upright position before the activity and or removed

(cleaned up) after the activity was performed. For bed mobility code 05 is typically used for Set-up; whereas, other activities may require clean-up after an activity was completed (for example, oral hygiene, bathing, and dressing).

The focus of Items GG0130 F. Upper body dressing and GG0130G. Lower body dressing is assessment of the patient's ability to complete the dressing activity. If the only assistance required is for retrieving the clothing items, then code the items 05, Set-up or clean-up assistance.

For the item GG0130 E. Shower/Bathe Self, if the patient requires assistance only for retrieving the items necessary for Shower/Bathing Self, code 05, Setup or clean-up assistance. Examples of set-up or clean-up include a helper gathers items for the patient's bath, such as a towel or soap, and the patients washes him/herself. Another example would be a helper bringing towels and a water-filled wash basin to the patient to bath his or her entire body at bedside.

4. Transition

CMS direction is still pending on how transition should be handled for patients admitted before 10/1/16 but discharged after 10/1/16. Does CMS expect Section GG to be coded on the discharge assessment? We anticipate CMS will not count these transition assessments in the QRP measure as there is no admission information to compare to discharge. **Please advise.**

CMS Response:

The FY 2018 Annual Payment Update (APU) determination is based on one quarter of data from October 1, 2016, to December 31, 2016. This means that FY 2018 compliance determination will be based on data submitted for admissions to the SNF on and after October 1, 2016, and discharged from the SNF up to and including December 31, 2016. In terms of assessment types and item responses, this would mean that a 5-Day PPS with an Admission Date (A1900) and/or Start Date of Most Recent Medicare Stay (A2400B) of October 1, 2016, would be included, and Part A PPS Discharge or OBRA/Part A PPS Discharge with a Discharge Date (A2000) and/or End Date of Most Recent Medicare Stay (A2400C) of December 31, 2016, would be included.

The ARD coded in item A2300 will determine the version of the MDS 3.0 that providers are to complete and submit to CMS. Specifically, if the ARD is on or after October 1, 2016, providers should use MDS 3.0 version 1.14.1. Version 1.14.1 is the version that has all of the items required for submission for the SNF QRP, including a Section new to the MDS 3.0, Section GG. We recognize that if the resident is admitted in September and discharged on or after October 1, 2016, the SNF would submit a discharge record with GG data, while the admission data would not include Section GG. In this circumstance, the SNF can receive credit in the calculation of their APU threshold compliance determination when dashing Section GG in its entirety on discharge.

5. Use of dash and impact on SNF QRP measurement

During the CMS SNF Open Door Forum on October 6th, 2016, a question was asked about the use of a dash on the weight item in the MDS and whether that would count against the SNF for the Quality Reporting Program requirement, considering it is a covariate for one of the measures. The CMS consultant responded that she didn't think it would count against SNF QRP. This response is in conflict with the information shared by CMS at the SNF QRP Provider trainings earlier this year and in conflict with the CMS SNF QRP Questions from Training – August 2016 document currently posted on the CMS SNF QRP website. This document states, *"The Annual Payment Update threshold for FY 2018 is not based on the final calculation of a quality measure, nor complete stays. Rather it is based*

on the determination of the completion of the items necessary to calculate the quality measure, which we note includes the risk adjustment items.” Please advise.

CMS Response:

Beginning with the FY 2018 payment determination, any SNF that does not meet the requirement that 80 percent of all MDS assessments submitted contain 100 percent of all data items necessary to calculate the SNF QRP measures would be subject to a reduction of 2 percentage points to its FY 2018 market basket percentage. Therefore, the height and weight items are required and are used in the calculation of the compliance threshold determination.

For more information, please refer to the FY 2016 SNF PPS Final Rule linked here:

<https://www.federalregister.gov/documents/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>