



Long-Term Care Hospital Quality Reporting Program Provider Training



LTCH

LONG-TERM CARE HOSPITAL

**QUALITY REPORTING
PROGRAM**

Section GG: Functional Abilities and Goals

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Acronyms in This Presentation

- Annual Payment Update (APU)
- Centers for Medicare & Medicaid Services (CMS)
- Certified Nursing Assistant (CNA)
- Gastrostomy tube (G-tube)
- Long-Term Care Hospital (LTCH)
- LTCH Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set)
- Occupational Therapist (OT)



Overview

- Explain the intent of Section GG: Functional Abilities and Goals.
- Review changes between the LTCH Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set) v3.00 and v4.00.
- Discuss coding instructions and needed information for items.
- Review practice coding scenarios.

Objectives

- Describe the intent of the changes to Section GG.
- Explain clarifications of item definitions.
- Apply coding instructions to accurately code practice scenarios.

Intent

- Many patients in Long-Term Care Hospitals (LTCHs) have self-care and mobility limitations, and most are at risk of further functional decline and complications due to limited mobility.

Section GG: Functional Abilities and Goals Changes Between LTCH CARE Data Set v3.00 and v4.00

Changes

Changes between LTCH CARE Data Set v3.00 and v4.00 include:

- An additional code.
 - Code **10, Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints).
- Item definition clarifications include:
 - Addition of “and/or” for items GG0110, GG0170Q1, GG0170Q3.
 - Addition of “or” for items GG0170SS1, GG0170SS3, GG0170RR1, GG0170RR3.
- Walking item skip pattern.

Section GG: Functional Abilities and Goals

Coding Guidance and Practice Scenarios

Section GG Items

Item:	Assessed On:
GG0100. Prior Functioning: Everyday Activities	Admission
GG0110. Prior Device Use	Admission
GG0130. Self-Care	Admission and Planned Discharge
GG0170. Mobility	Admission and Planned Discharge

GG0100. Prior Functioning: Everyday Activities

- Applies to Admission Assessment only.

GG0100. Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

- 3. Independent** - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
- 2. Needed Some Help** - Patient needed partial assistance from another person to complete activities.
- 1. Dependent** - A helper completed the activities for the patient.
- 8. Unknown**
- 9. Not Applicable**

↓ **Enter Codes in Boxes**

B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

GG0100 Item Rationale

- Knowledge of the patient's functioning prior to the current illness, exacerbation, or injury may inform treatment goals.

GG0100 Steps for Assessment

1. Interview patient or family.
2. Review patient's medical records describing patient's **prior** functioning with everyday activities.

GG0100 Coding Instructions

Complete only if A0250 = 01 Admission.

- **Code 3, Independent**, if the patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
- **Code 2, Needed Some Help**, if the patient needed partial assistance from another person to complete activities.
- **Code 1, Dependent**, if the helper completed the activities for the patient.
- **Code 8, Unknown**, if the patient's usual ability prior to the current illness, exacerbation, or injury is unknown.
- **Code 9, Not Applicable**, if the activity was not applicable to the patient prior to the current illness, exacerbation, or injury.

GG0100 Coding Tips

- Record the patient's usual ability to perform indoor mobility (ambulation) prior to the current illness, exacerbation, or injury.
- If no information about the patient's ability is available after attempts to interview patient or family and after reviewing patient's medical record, "code **8**", **Unknown**.
- If the clinician does not attempt to gather this information, he or she should enter a **dash** ("-") for this item. CMS expects dash use to be a rare occurrence.

GG0110. Prior Device Use

- Applies to Admission Assessment only.

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.	
↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	Z. None of the above

GG0110 Item Rationale

- Knowledge of the patient's use of devices and aids immediately prior to the current illness, exacerbation, or injury may inform treatment goals.

GG0110 Steps for Assessment

1. Interview patient or family.
2. Review the patient's medical record describing the patient's use of prior devices and aids.

GG0110 Coding Instructions

Complete only if A0250 = 01 Admission.

- **Check all devices that apply:**
 1. Manual wheelchair
 2. Motorized wheelchair and/or scooter
 3. Mechanical lift
- **Check Z, None of the above,** if the patient did not use any of the listed devices or aids immediately prior to the current illness, exacerbation, or injury.

GG0130. Self-Care

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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 patient.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Section GG		Functional Abilities and Goals
GG0130. Self-Care (3-day assessment period)		
3. Discharge Performance		
↓ Enter Codes in Boxes ↓		
<input type="text"/>		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 patient.
<input type="text"/>		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.
<input type="text"/>		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.
<input type="text"/>		D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

GG0130 Steps for Assessment

1. A licensed clinician may assess the patient's performance based on direct observation, input from the patient's self-report, and reports from other clinicians, care staff, or family during the 3-day assessment period.
2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.
3. If helper assistance is required because patient's performance is unsafe or of poor quality, code according to amount of assistance provided.

GG0130 Steps for Assessment (cont.)

4. 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.
5. If the patient's self-care performance varies during the assessment period, report the patient's usual status, **not** the patient's most independent performance and not the patient's most dependent episode.
6. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.

GG0130 Coding Instructions

*Complete only if A0250 = 01 Admission or
A0250 = 10 Planned Discharge.*

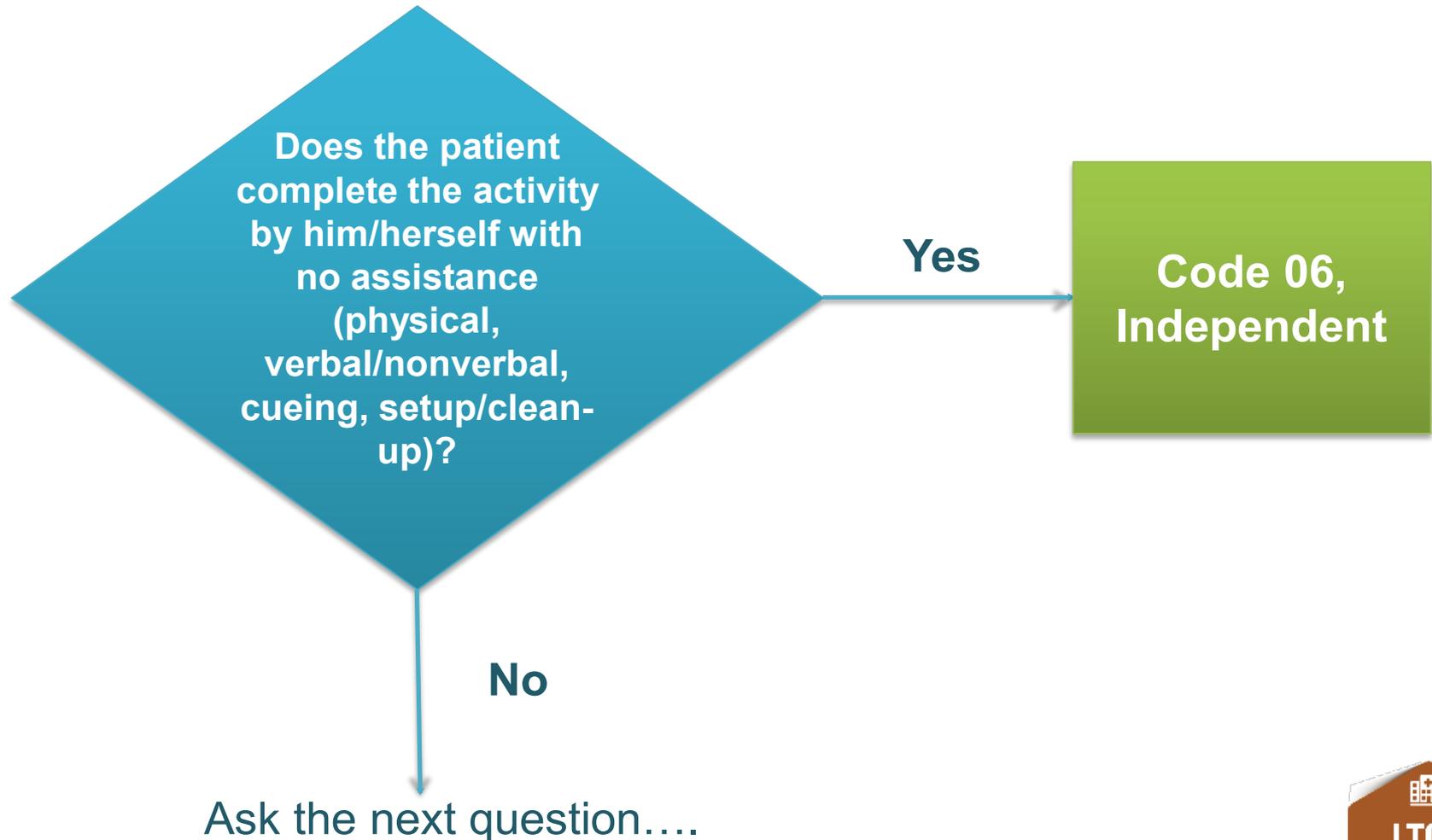
- Code the patient's usual performance for each activity using the 6-point scale:
 - Code **"06"** for Independent.
 - Code **"05"** for Setup or clean-up assistance.
 - Code **"04"** for Supervision or touching assistance.
 - Code **"03"** for Partial/moderate assistance.
 - Code **"02"** for Substantial/maximal assistance.
 - Code **"01"** for Dependent.

GG0130 Coding Instructions (cont.)

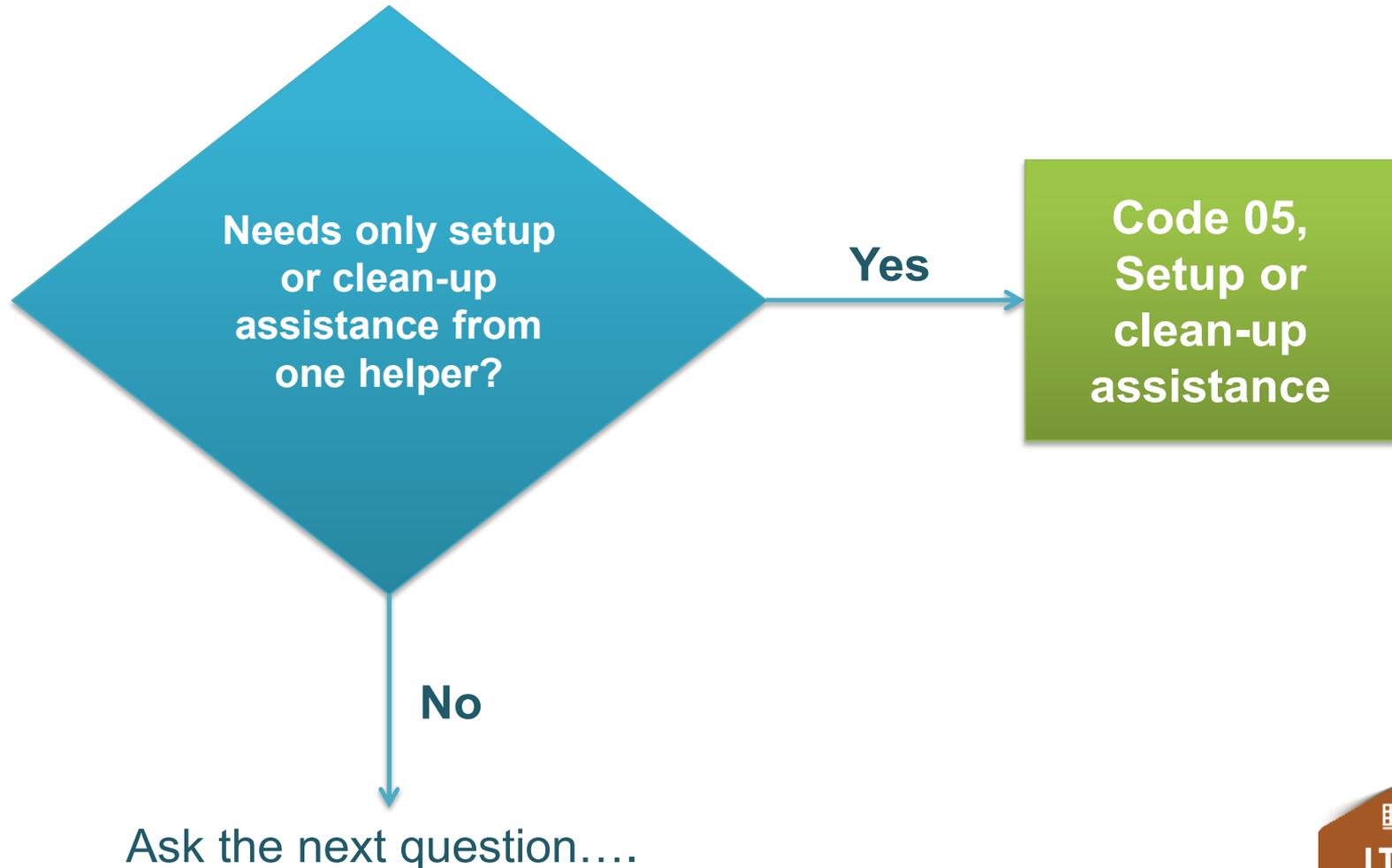
*Complete only if A0250 = 01 Admission or
A0250 = 10 Planned Discharge.*

- If the activity was not attempted during the entire 3-day assessment period, indicate why the activity was not attempted. Code the reason:
 - Code “**07**” for Patient refused.
 - Code “**09**” for Not applicable.
 - Code “**10**” for Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints).
 - Code “**88**” for Not attempted due to medical condition or safety concerns.

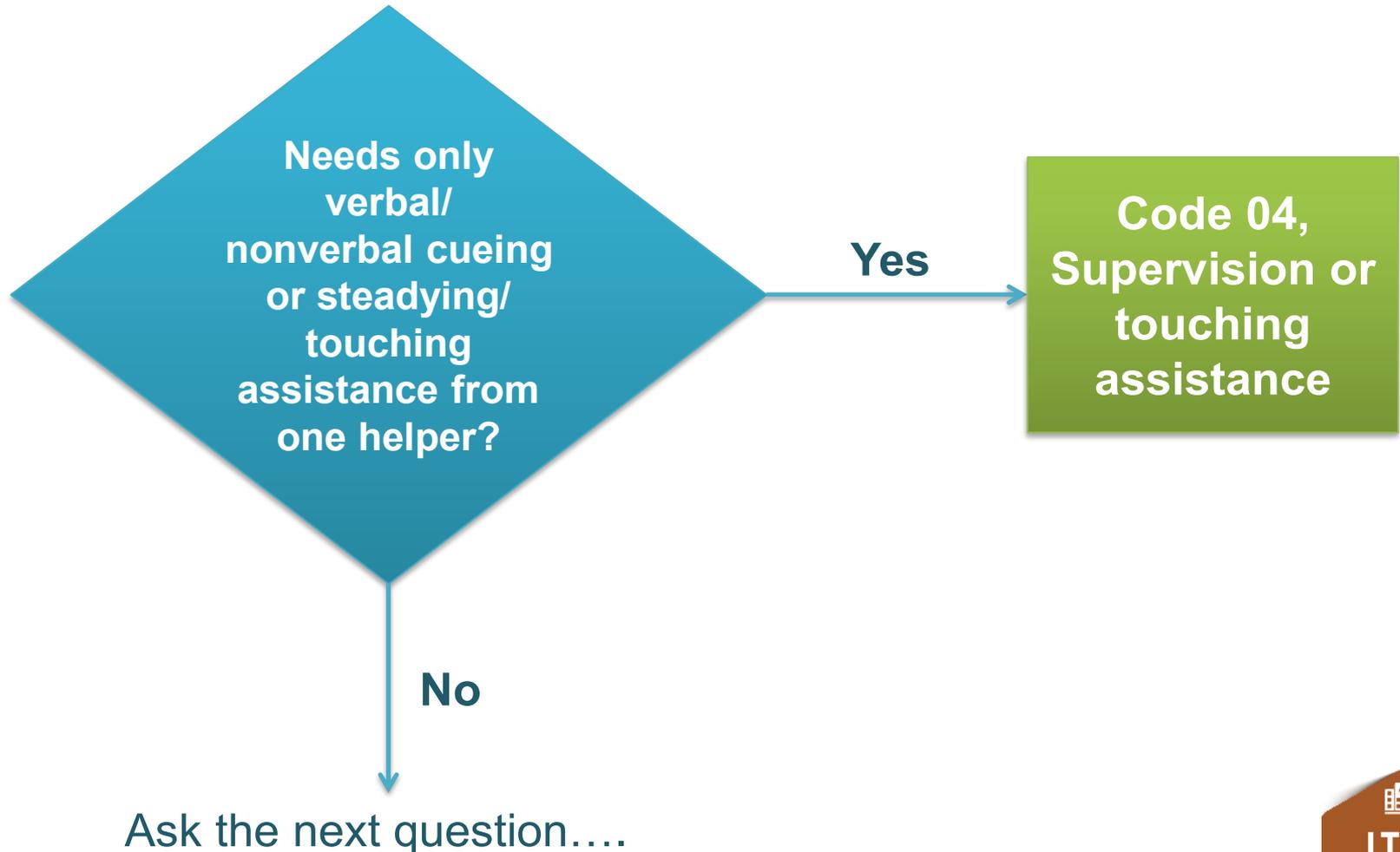
GG0130 and GG0170 Key Coding Questions



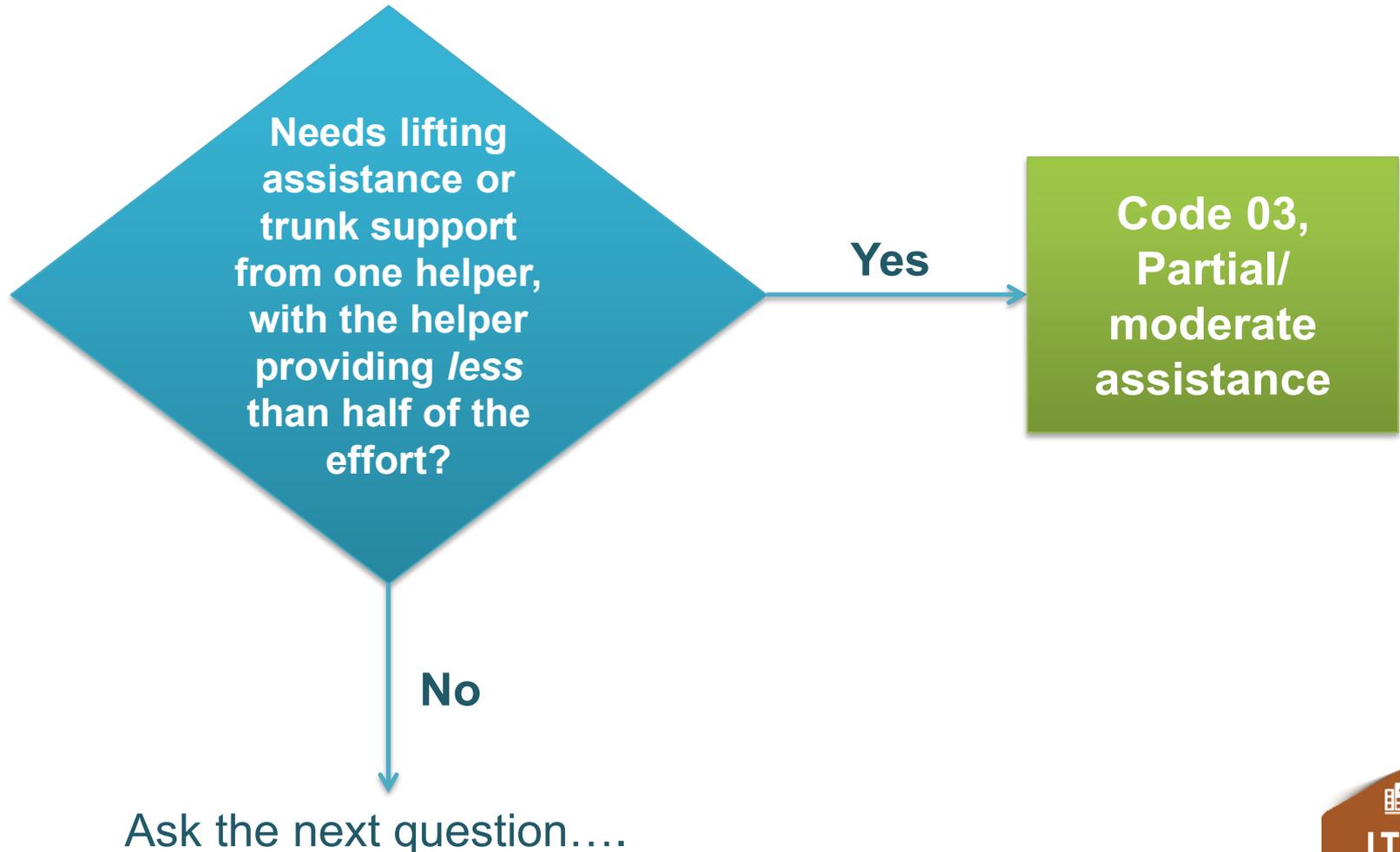
GG0130 and GG0170 Key Coding Questions (cont. 1)



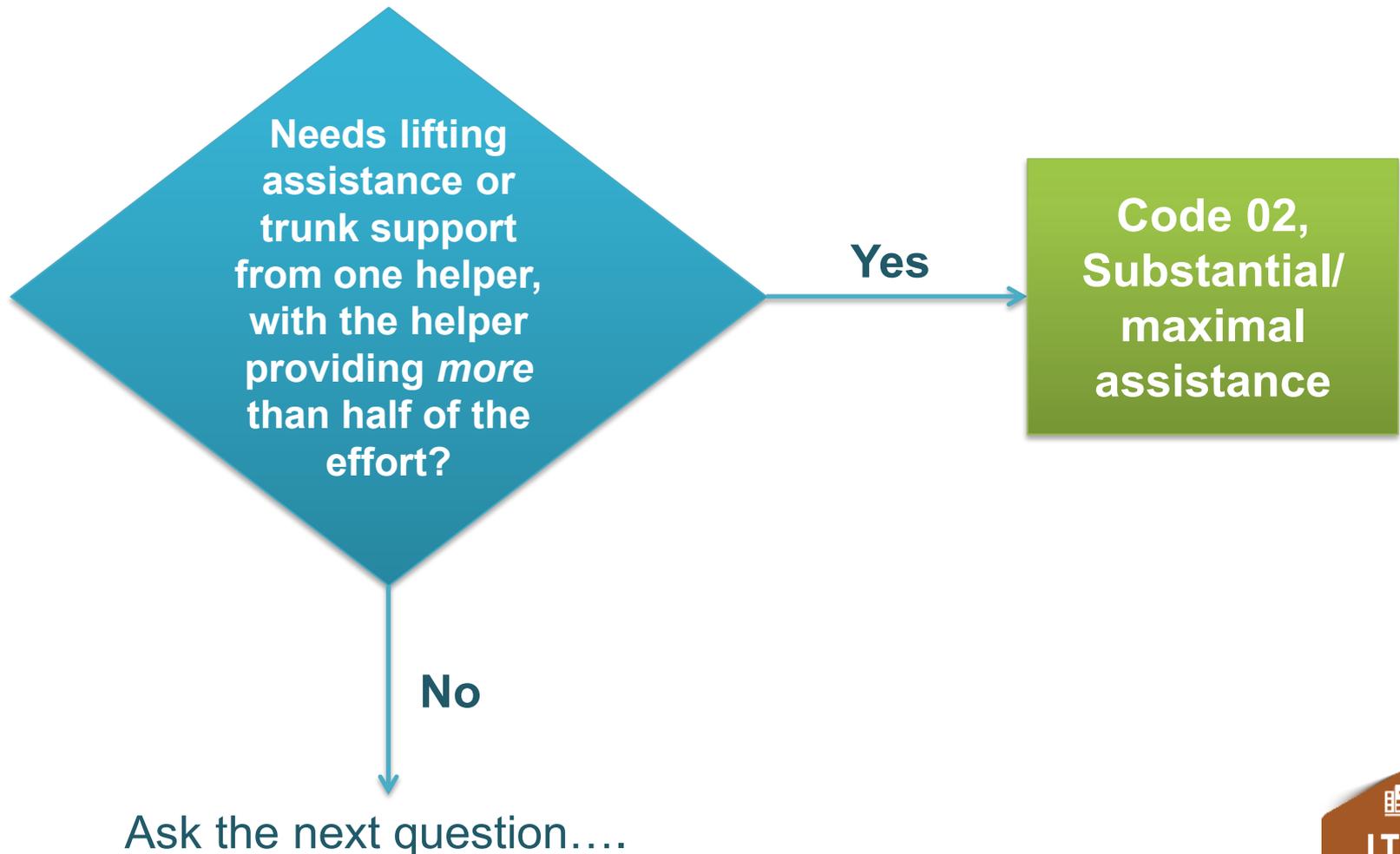
GG0130 and GG0170 Key Coding Questions (cont. 2)



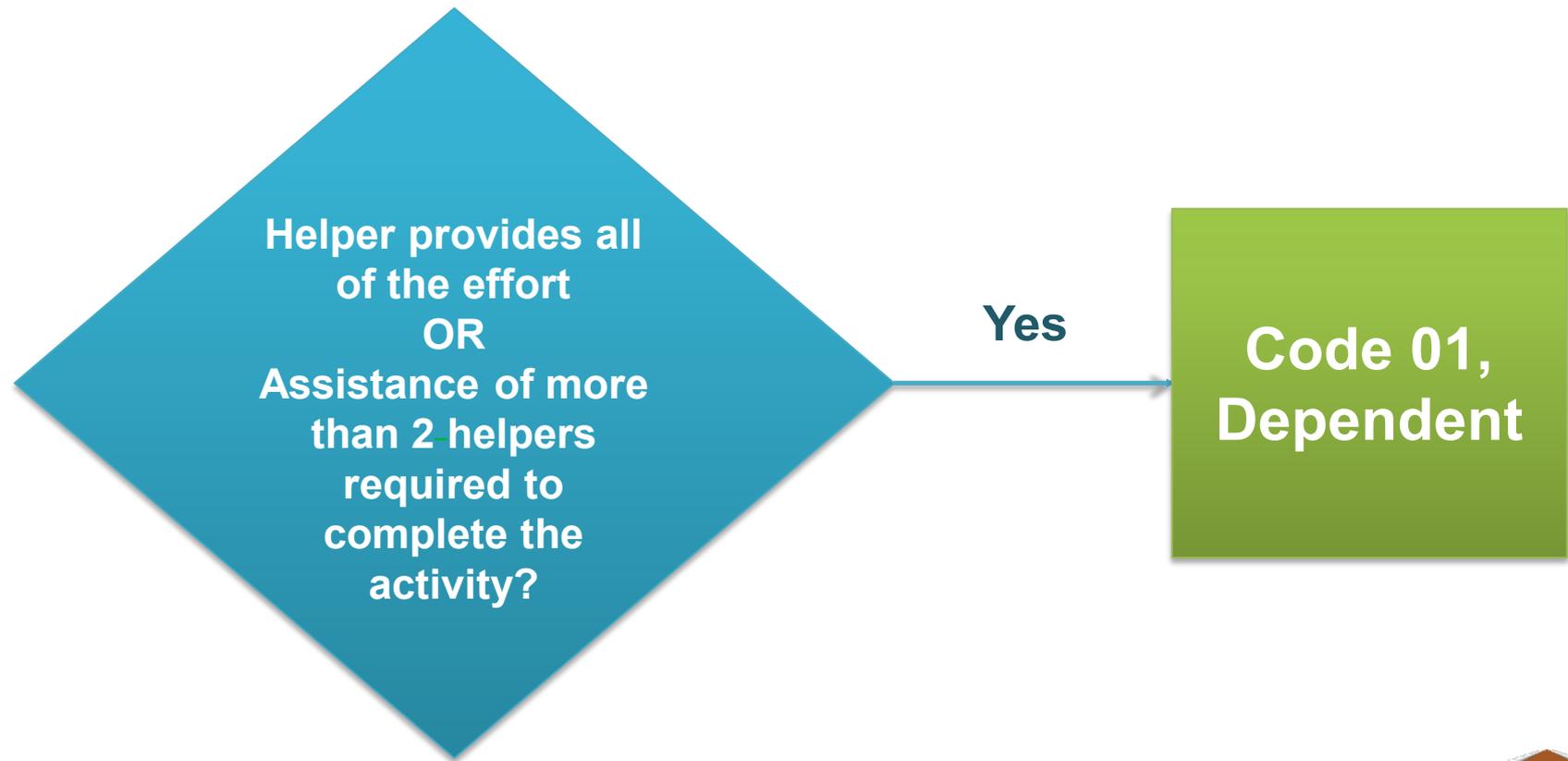
GG0130 and GG0170 Key Coding Questions (cont. 3)



GG0130 and GG0170 Key Coding Questions (cont. 4)



GG0130 and GG0170 Key Coding Questions (cont. 5)



GG0130 and GG0170 Key Coding Questions (cont. 6)

Why was the activity not attempted?

Code 07, Patient refused.

Patient refused to complete the activity.

Code 09, Not applicable.

Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not attempted due to environmental limitations.

For example, lack of equipment, weather constraints.

Code 88, Not attempted due to medical condition or safety concerns.

Activity was not attempted due to medical condition or safety concerns.

GG0130 General Coding Tips

- The 3-day assessment period for the Admission Assessment includes the day of admission and the 2 days following the day of admission, ending at 11:59 p.m. During the assessment time frame, some activities may be performed multiple times, while other activities may only occur once, and some not at all.
- Clinicians should code the patient's admission functional status based on a functional assessment that occurs soon after the patient's admission. The admission function codes are to reflect the patient's admission baseline status.
- The code should reflect the patient's status prior to any benefit from therapy.

GG0130 General Coding Tips (cont. 1)

- We anticipate that a multidisciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period. A licensed clinician may assess the patient's performance based on direct observation, input from the patient's self-report, and reports from other clinicians, care staff, or family during the 3-day assessment period.
- To clarify your own understanding of the patient's performance of an activity, ask direct care probing questions about the patient, beginning with the general and proceeding to the more specific.

GG0130 General Coding Tips (cont. 2)

- A dash (“-”) sign indicates “*No information.*”
- CMS expects dash use to be a rare occurrence. Use of dashes for items necessary to calculate quality measures may result in a 2% payment reduction to the LTCH’s annual payment update (APU).

GG0130 General Coding Tips (cont. 3)

- Do not use a dash (“-”) if the reason that the item was not assessed was because the patient refused (code 07), the item is not applicable (code 09), the activity was not attempted due to environmental limitations (code 10), or the activity was not attempted due to medical condition or safety concerns (code 88).

GG0130 Coding Tips: Usual Performance

- On the admission and planned discharge assessment, code the patient's usual performance using the 6-point scale or code the reason an activity was not attempted.
- Do not record the patient's best performance and do not record the patient's worst performance, but rather record the patient's usual performance during the assessment period.
- Code based on the patient's performance. Do not record the staff's assessment of the patient's potential capability to perform the activity.

GG0130 Coding Tips: Usual Performance (cont.)

- An activity can be completed with or without devices. If patient has been using adaptive equipment and uses the device independently when performing an activity, enter code **06, Independent.**
- If the helper needs to retrieve the device/adaptive equipment, then enter code **05, Set-up or clean-up assistance.**

GG0130 Coding Tips: Unplanned Discharge/Expired

- If a patient experienced an unplanned discharge or the patient dies during the LTCH stay, discharge GG01030 Self-Care data are not coded.
- Section GG items are not included on the Unplanned Discharge Assessment or the Expired Assessment.

GG0130A. Eating

- Applies to Admission and Planned Discharge Assessments.

Section GG		Function, Ability, and Goal
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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 patient.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Changes to GG0130A

- The definition of GG0130A. Eating has been clarified:
 - 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 patient.

GG0130A Practice Coding Scenario 1

- Ms. S does not eat or drink by mouth and relies solely on getting nutrition and liquids through tube feedings due to a recent-onset stroke and swallowing disorder. The tube feedings are administered by the staff at this time, but the goal is that Ms. S and her two daughters will learn how to administer the tube feedings before discharge.

GG0130A Practice Coding Scenario 2

- Mr. R eats and drinks by mouth, but his intake is not adequate due to recent gastrointestinal surgery. Mr. R relies partially on nutrition and liquids via tube feedings. The staff administer Mr. R's tube feedings. When eating and drinking by mouth, Mr. R requires steady assistance from a helper due to his hand tremors.

GG0130B. Oral Hygiene

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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 patient.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Changes to GG0130B

- The definition of GG0130B. Oral hygiene has been clarified:
 - 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.

GG0130B Practice Coding Scenario 3

- Mr. W is edentulous (without teeth), and his dentures no longer fit his gums. Mr. W has several upper extremity joint contractures impacting his fine motor skills. Mr. W uses a soft toothbrush to clean his lower gums and starts to clean his upper gums. The helper cleans the upper gums in the back as it is difficult for Mr. W to reach. Mr. W rinses his mouth afterwards to complete the oral hygiene activity.

GG0130B Practice Coding Scenario 4

Occupational Therapist (OT): “Does Mrs. K need help when brushing her teeth?”

Certified Nursing Assistant (CNA): “Yes, she needs help to clean her teeth.”

OT: “How much help does she need to brush her teeth?”

CNA: “She usually gets tired after starting to brush her upper teeth. I have to brush most of her teeth.”

GG0130C. Toileting Hygiene

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<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>
<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 patient.</p>
<input type="text"/>	<input type="text"/>	<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>
<input type="text"/>	<input type="text"/>	<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>
<input type="text"/>	<input type="text"/>	<p>D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.</p>

Changes to GG0130C

- The definition of GG0130C. Toileting hygiene has been clarified:
 - 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.

GG0130C Coding Tips

- **Toileting hygiene** focuses on clothing management and perineal/perianal hygiene.
- Toileting hygiene is coded if the patient:
 - Uses a toilet.
 - Uses a commode.
 - Is incontinent.
 - Completes bowel program in bed.

GG0130C Practice Coding Scenario 5

- Ms. T has a progressive neurological disease. She wears pull-up slacks and underwear. During toileting hygiene, Ms. T prefers to be assisted while standing in front of her bathroom sink. She steadies herself with one hand on a grab bar, and tries pulling down her slacks and underwear with the other hand. She needs assistance from the helper to complete this activity due to muscle weakness. Ms. T wipes her perineal area without assistance after urinating. After a bowel movement, the CNA performs perianal hygiene. The helper then pulls up Ms. T's underwear and slacks.

GG0130D. Wash Upper Body

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.
<input type="text"/>	<input type="text"/>	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 patient.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

No Changes to GG0130D

- **No changes for GG0130D. Wash Upper Body were made between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0130D. Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

GG0130D Coding Tips

- Wash upper body may be assessed based on a sponge bath while sitting in a chair or bed. This also includes at the patient's bedside, at the sink, or in the shower or tub.

GG0130. Self-Care Discharge Goal

Section GG		Functional Abilities and Goals
GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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 patient.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

- Discharge goals are only included on the Admission Assessment.

GG0130 Discharge Goal

When coding patient's discharge goals, the clinician may consider the patient's:

1. Prior self-care functioning.
2. Current diagnoses.
3. Expected treatments.
4. Motivation to improve.
5. Anticipated length of stay.
6. Medical prognosis.

The clinician would discuss the patient's discharge goals with the patient and family.

GG0130 Discharge Goal Coding Tips

- A licensed clinician can establish a patient's discharge goal(s) at the time of admission based on the patient's prior medical condition, admission assessment self-care and mobility status, discussions with the patient and family, professional judgment, the profession's practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan.
- Goals should be established as part of the patient's care plan.
- One goal must be indicated for either self-care or mobility.

GG0130 Discharge Goal Coding Tips (cont. 1)

- Code the patient's discharge goal(s) using the 6-point scale.
- Use of activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s).
- For the LTCH QRP, a minimum of one self-care or mobility goal must be coded.
- The use of a dash is permissible for any remaining self-care or mobility goals that were not coded.
- Using the dash in this allowed instance does not affect APU determination.

GG0130 Discharge Goal Coding Tips (cont. 2)

- If the admission performance of an activity was coded **88, Not attempted due to medical condition or safety concerns** during the Admission Assessment, a **discharge goal** may be submitted using the 6-point scale if the patient is expected to perform the activity by discharge.
- If the patient is in the LTCH for less than 3 calendar days, code a minimum of one self-care or mobility goal per patient stay in the Self-Care and/or Mobility Discharge Goal to the best of your ability based upon the predicted plan of care for the patient.

GG0130 Discharge Goal Example 1

Discharge Goal Code Is Higher Than
Admission Performance Code

Oral Hygiene Admission Performance:

- Mr. M prefers to brush his own teeth, but at admission he needs help with more than half the effort due to upper extremity weakness.
- **Coding:** The clinician assesses Mr. M's admission performance for Oral Hygiene and codes Mr. M's Admission Performance as **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example 1 (cont.)

Discharge Goal Code Is Higher Than
Admission Performance Code

Oral Hygiene Discharge Goal:

- The patient and Mr. M set a goal that Mr. M will perform more than half the effort to complete oral hygiene by discharge.
- **Coding:** The clinician codes the Discharge Goal as **03, Partial/moderate assistance.**

GG0130 Discharge Goal Example 2

Discharge Goal Code Is the Same as
Admission Performance Code

Eating Admission Performance:

- Mrs. T has severe tremors due to Parkinson's disease. This condition results in multiple activity limitations. The clinician observes Mrs. T's admission performance and discusses her usual performance with Mrs. T and her family to determine the necessary interventions for skilled therapy. The goal of care is to maintain her self-care skills.
- **Coding:** The clinician codes Mrs. T's admission performance as **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example 2 (cont.)

Discharge Goal Code Is the Same as
Admission Performance Code

Eating Discharge Goal:

- Due to Mrs. T's progressive and degenerative condition of Parkinson's Disease, the clinician and patient believe that, while Mrs. T is not expected to make gains in her eating ability, maintaining her function at this same level is desirable and achievable as a discharge goal.
- **Coding:** The clinician anticipates Mrs. T's discharge performance will be **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example 3

Discharge Goal Code is Lower Than
Admission Performance Code

Toileting Hygiene Admission Performance:

- Mrs. M has a progressive neurological illness. Although her participation in skilled therapy is expected to slow the pace of her anticipated functional deterioration, it is not anticipated her performance in toileting hygiene can remain the same. The patient's discharge *goal* code will be lower than the *admission performance* code. Mrs. M prefers to use a bedside commode for as long as possible rather than using incontinence undergarments.
- **Coding:** The clinician codes her admission performance as **03, Partial/moderate assistance.**

GG0130 Discharge Goal Example 3 (cont.)

Discharge Goal Code is Lower Than
Admission Performance Code

Toileting Hygiene Discharge Goal:

- By discharge, it is anticipated that the helper will assist Mrs. M with toileting hygiene by performing more than half the effort.
- **Coding:** The clinician codes Mrs. M's discharge goal as **02, Substantial/maximal assistance.**

GG0170. Mobility

- Self-care and mobility activities are to be coded according to the patient's need for assistance to perform the activity safely.
- The word “safely” was removed from some of the individual item definitions in the Mobility Section given that it is stated in the general coding instructions.

GG0170. Mobility (cont. 1)

- Applies to Admission Assessment.

Section GG		Functional Abilities and Goals
GG0170. Mobility (3-day assessment period)		
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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. <input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. <input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170. Mobility (cont. 2)

Section GG	Functional Abilities and Goals
GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<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"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<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.
<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"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170Q3. Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

- Applies to Planned Discharge Assessment.

Section GG	Functional Abilities and Goals
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170 Steps for Assessment

1. A licensed clinician may assess the patient's performance based on direct observation, input from the patient's self-report, and reports from other clinicians, care staff, or family during the 3-day assessment period. We anticipate that a multidisciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.
2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.
3. If helper assistance is required because the patient's performance is unsafe or of poor quality, code according to amount of assistance provided.

GG0170 Steps for Assessment (cont.)

4. Activities may be completed with or without assistive device(s).
5. If the patient's mobility performance varies during the assessment period, report the patient's usual status, **not** the patient's most independent performance and **not** the patient's most dependent episode.
6. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.

GG0170 Coding Instructions

*Complete only if A0250 = 01 Admission or
A0250 = 10 Planned Discharge.*

- Code the patient's usual performance for each activity using the 6-point scale:
 - Code **"06"** for Independent.
 - Code **"05"** for Setup or clean-up assistance.
 - Code **"04"** for Supervision or touching assistance.
 - Code **"03"** for Partial/moderate assistance.
 - Code **"02"** for Substantial/maximal assistance.
 - Code **"01"** for Dependent.

GG0170 Coding Instructions (cont.)

*Complete only if A0250 = 01 Admission or
A0250 = 10 Planned Discharge.*

- If the activity was not attempted during the entire 3-day assessment period, indicate why the activity was not attempted. Code the reason:
 - Code “**07**” for Patient refused.
 - Code “**09**” for Not applicable.
 - Code “**10**” for Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints).
 - Code “**88**” for Not attempted due to medical condition or safety concerns.

GG0170 General Coding Tips

- The 3-day assessment period for the Admission Assessment includes the day of admission and the 2 days following the day of admission, ending at 11:59 p.m. During the assessment time frame, some activities may be performed multiple times, while other activities may only occur once.
- Clinicians should code the patient's admission functional status based on a functional assessment that occurs soon after the patient's admission. The admission function codes are to reflect the patient's admission baseline status and are to be based on an assessment.
- The code should reflect the patient's status prior to any benefit from therapy.

GG0170 General Coding Tips (cont. 1)

- We anticipate that a multi-disciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period. A licensed clinician may assess the patient's performance based on direct observation, input from the patient's self-report, and reports from other clinicians, care staff, or family during the 3-day assessment period.
- To clarify your own understanding of the patient's performance of an activity, ask probing questions to staff about the patient, beginning with the general and proceeding to the more specific.

GG0170 General Coding Tips (cont. 2)

- A dash (“-”) sign indicates “*No information.*”
- CMS expects dash use to be a rare occurrence. Use of dashes for items necessary to calculate quality measures may result in a 2% payment reduction to the LTCH’s annual payment update (APU).

GG0170 General Coding Tips (cont. 3)

- Do not use a dash (“-”) if the reason that the item was not assessed was because the patient refused (code 07), the item is not applicable (code 09), the activity was not attempted due to environmental limitations (code 10), or the activity was not attempted due to medical condition or safety concerns (code 88).
- A dash may be used for GG0170 discharge goal items provided that at least one self-care or one mobility item has a discharge goal. Using the dash in this allowed instance does not affect APU determination.

GG0170 Coding Tips: Usual Performance

- On the Admission Assessment, code the patient's usual performance using the 6-point scale, or code the reason an activity was not attempted, as well as the patient's discharge goal(s) using the 6-point scale.
- Do not record the patient's best performance and do not record the patient's worst performance, but rather record the patient's usual performance during the assessment period.
- Code based on the patient's performance. Do not record the staff's assessment of the patient's potential capability to perform the activity.
- On the Discharge Assessment, code the patient's usual performance using the 6-point scale or code the reason an activity was not attempted.

GG0170 Coding Tips: Usual Performance (cont.)

- An activity can be completed with or without devices. If patient has been using adaptive equipment and uses the device independently when performing an activity, enter code **06, Independent.**
- If the helper needs to retrieve the device/adaptive equipment, such as a walker or cane prior to walking, then enter code **05, Set-up or clean-up assistance.**

GG0170 Coding Tips: Unplanned Discharge/Expired

- If a patient experienced an unplanned discharge or the patient dies during the LTCH stay, discharge GG0170. Mobility data are not coded.
- Section GG items are not included on the Unplanned Discharge Assessment or the Expired Assessment.

Changes to GG0170

- The instructions refer to safe performance, which applies to all self-care and mobility items, so we have not repeated the word “**safely**” in individual item definitions.

GG0170A. Roll Left and Right

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
□□	□□	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.
□□	□□	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
□□	□□	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.
□□	□□	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.
□□	□□	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
□□	□□	F. Toilet transfer: The ability to get on and off a toilet or commode.
□□	□□	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
□□	□□	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

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.

Changes to GG0170A

- The definition of GG0170A. Roll left and right has been clarified:
 - The ability to roll from lying on back to left and right side, and return to lying on back **on the bed.**

GG0170A Practice Coding Scenario 6

- Mr. R experienced a stroke and is obese. The nurse instructs him to turn onto his right side, providing step-by-step instructions to use the bedrail, bend his left leg, and then roll onto his right side. The nurse asks another staff member for assistance. The patient places his hand on the bedrail and provides a small amount of help as the two nurses roll him onto his right side.
- Next, the patient is instructed to return to lying on his back, which he cannot complete, and the clinicians provide the necessary assistance. Mr. R then requires physical assistance from the nurses to roll onto his left side and to return to lying on his back in the bed to complete the activity.

GG0170B. Sit to Lying

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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"/>	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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

No Changes to GG0170B

- **No changes were made for GG0170B. Sit to lying between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0170B. Sit to lying: The ability to move from sitting on side of bed to lying flat on bed.

GG0170C. Lying to Sitting on Side of Bed

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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.
<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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Changes to GG0170C

- The coding instructions refer to safe performance, which applies to all self-care and mobility items, so we have not repeated the word “safely” in individual item definitions:
 - GG0170C. 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.

GG0170C Practice Coding Scenario 7

- Ms. P has a chronic respiratory condition and swallowing disorder due to a recent stroke. A medical order requires the head of her bed to be slightly elevated and serves as the lying position required for Ms. P.
- To transition Ms. P from lying to sitting position, the CNA lifts and swivels Ms. P's legs over the edge of the bed while supporting and lifting her trunk.
- Ms. P assists with scooting herself toward the edge of the bed and balances herself while sitting at the edge of the bed with her feet on the floor.

GG0170D. Sit to Stand

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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"/>	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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Changes to GG0170D

- The coding instructions refer to safe performance, which applies to all self-care and mobility items, so we have not repeated the word “safely” in individual item definitions:
 - The definition of GG0170D. Sit to stand has been clarified: The ability to come to a standing position from sitting in a chair, **wheelchair**, or on the side of the bed.

GG0170D Practice Coding Scenario 8

- Mr. M has severe emphysema and pneumonia. The nurse reminds him to lock his brakes and swing his leg rests aside before standing up.
- Mr. M places his hands on the wheelchair arm rests and attempts to stand, but struggles with labored breathing and weakness.
- The nurse uses a gait belt to assist Mr. M as he starts to rise from a sitting to standing position, and Mr. M completes the activity by supporting himself.

GG0170E. Chair/Bed-to-Chair Transfer

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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"/>	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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Changes to GG0170E

- The coding instructions refer to safe performance, which applies to all self-care and mobility items, so we have not repeated the word “safely” in individual item definitions:
 - GG0170E. Chair/Bed-to-Chair Transfer.

GG0170F. Toilet Transfer

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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"/>	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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Changes to GG0170F

- The coding instructions refer to safe performance, which applies to all self-care and mobility items, so we have not repeated the word “safely” in individual item definitions:
 - GG0170F. Toilet Transfer: The ability to get on and off a toilet or commode.

GG0170F Practice Coding Scenario 9

- Mr. F has no urine output due to chronic renal failure, and he uses a bedpan for bowel movements. At this time, he does not transfer onto a toilet or commode, but his discharge goal is to transfer onto a toilet with steady assistance from a helper, which is the same level of assistance he needed for this activity prior to the current episode of care.

GG0170I. Walk 10 Feet

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Changes to GG0170I

- The gateway questions “Does the Patient Walk?” GG0170H1 (Admission) and GG0170H3 (Planned Discharge) have been removed.
- GG0170I. Walk 10 feet, includes a skip pattern if the activity did not occur.

Changes to GG0170I (cont.)

- If GG0170I. Walk 10 feet is coded as 07, 09, 10, or 88, follow the skip pattern to item GG0170Q1 (Admission) or GG0170Q3 (Discharge) “Does the patient use a wheelchair and/or scooter?”
- You will be instructed to skip GG0170J. Walk 50 feet with two turns and GG0170K. Walk 150 feet.

GG0170I Practice

Coding Scenario 10

- Mrs. C has not walked during the past 3 weeks due to recent leg weakness and fatigue.
- The physical therapist determines that it is unsafe for Mrs. C to use a walker at the time of admission and works with Mrs. C to walk using the parallel bars during therapy.

GG0170J. Walk 50 Feet With Two Turns

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

No Changes to GG0170J

- **No changes were made for GG0170J. Walk 50 feet with two turns between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0170J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

GG0170J Practice

Coding Scenario 11

- When Mrs. B was admitted to the LTCH for therapy, she walked using parallel bars during her session with a physical therapist. Mrs. B's therapist determined that it was not safe for her to use a walker at the time of admission.
- Mrs. B has progressed in therapy. Upon discharge, Mrs. B walks 50 feet with two turns using a walker while her therapist provides steadying (touching) assistance once per day.
- On the LTCH unit, Mrs. B uses her walker when ambulating once in the morning and a few times in the afternoon, and needs more support due to fatigue. On the unit, a nurse provides trunk support assistance (nurse provides less than half of the effort) when Mrs. B walks 50 feet with two turns while using her walker.

GG0170K. Walk 150 Feet

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

No Changes to GG0170K

- **No changes were made for GG0170K. Walk 150 feet between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0170K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170Q1 and Q3. Wheelchair and/or Scooter

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	<p>Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</p>
↓ Enter Codes in Boxes ↓		
<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.
		<p><input type="checkbox"/> Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</p>
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<p><input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized</p>
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<p><input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized</p>

Section GG		Functional Abilities and Goals
3. Discharge Performance		<p>Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</p>
↓ Enter Codes in Boxes ↓		
<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.
		<p><input type="checkbox"/> Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</p>
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<p><input type="checkbox"/> RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized</p>
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<p><input type="checkbox"/> SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized</p>

Changes to GG0170Q1 and Q3

- GG0170Q1 and Q3. Does the patient use a wheelchair **and/or** scooter?

GG0170R. Wheel 50 Feet With Two Turns

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals	
1. Admission Performance	2. Discharge Goal		
↓ Enter Codes in Boxes ↓		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
□ □	□ □	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	
		<input type="checkbox"/>	Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
□ □	□ □	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
□ □	□ □	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

No Changes to GG0170R

- **No changes were made for GG0170R. Wheel 50 feet with two turns between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0170R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

GG0170RR1 and RR3. Type of Wheelchair or Scooter Used

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals	
1. Admission Performance	2. Discharge Goal	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
↓ Enter Codes in Boxes ↓			
<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.	
		<input type="checkbox"/>	Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Section GG		Functional Abilities and Goals	
3. Discharge Performance		RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
↓ Enter Codes in Boxes ↓			
<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.	
		<input type="checkbox"/>	Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="checkbox"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="checkbox"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170S. Wheel 150 Feet

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<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.
		<input type="checkbox"/> Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

No Changes to GG0170S

- **No changes were made for GG0170S. Wheel 150 feet between LTCH CARE Data Set v3.00 and v4.00:**
 - GG0170S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet.

GG0170SS1 and SS3. Type of Wheelchair or Scooter Used

- Applies to Admission and Planned Discharge Assessments.

Section GG		Functional Abilities and Goals	
1. Admission Performance	2. Discharge Goal		
↓ Enter Codes in Boxes ↓		<div style="border: 1px solid black; padding: 5px;"> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized </div>	
<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.	
	<input type="checkbox"/>	Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns	
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	

Section GG		Functional Abilities and Goals	
3. Discharge Performance			
↓ Enter Codes in Boxes ↓		<div style="border: 1px solid black; padding: 5px;"> SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized </div>	
<input type="text"/>		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/>	Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns	
<input type="text"/>		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
<input type="text"/>		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	

GG0170. Mobility Discharge Goal

- Applies to Admission Assessments.

Section GG		Functional Abilities and Goals
GG0170. Mobility (3-day assessment period)		
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.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.

Section GG		Functional Abilities and Goals
GG0170. Mobility (3-day assessment period) - Continued		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	5. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170 Discharge Goal Coding Tips

- Guidance for coding discharge goals for the mobility items is the same as guidance for coding discharge goals for the self-care items.
- Use the 6-point scale to code the patient's discharge goal(s).
 - Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).
- Licensed clinicians can establish a patient's discharge goal(s) at the time of admission.

Summary

- Section GG includes items that assess the need for assistance with self-care and mobility activities.
- We presented:
 - New items and/or changes between LTCH CARE Data Set v3.00 and v4.00.
 - Coding instructions and needed information for items.
 - Practice coding scenarios.

Action Plan

- Review Section GG intent, rationale, and steps for assessment.
- Review the changes to Section GG.
- Practice coding a variety of scenarios with staff.