Preparation for this mandate in advance will give you time to navigate the required data and provide sufficient training for your team. Once October 1, 2016 arrives, you will have peace of mind knowing you are compliant with the major requirements contained in Section GG.

Below you will find key components and tips for creating a successful implementation strategy.

Let's review the basics of Section GG:

**Implementation Date**

Section GG is a new section of the MDS that becomes required for SNF PPS patients on October 1, 2016.

**Legislative History**

The IMPACT Act of 2014 called for the regulation of quality measures via standard assessment tool, with the goal of improving patient care and creating connections across the post-acute care continuum. The Centers for Medicare & Medicaid Services respond by leveraging the CARE Item Set, which measures functional items including mobility and self-care. Section GG includes some of the required CARE Item Set assessment items, and includes a discharge goal reporting requirement, and additional patient information requirements.

How will Section GG impact your business/workflow?:

- Data reported on the Section GG self-care and mobility items must reflect a patient’s usual performance in specified assessment time periods. Since Section GG is a SNF provider requirement, whether therapists collect the data to assist in defining each SNF-PPS patient’s usual performance, is a matter of organizational/provider preference.

- For providers that decide to utilize rehab, TMC’s software, JBS Software Solutions is configured to allow the therapy team to collect data, so you can tailor the system requirements and associated prompting to your workflow.
Section GG is Coming - Are You Ready? (continued)

How will TMC assist providers with Section GG?

JBS Software Integration

Section GG data collected will be reported by JBS on the Case Manager Report (CMR) in a format that is identical to the RAI Section GG set up. This report may be utilized by the nurse completing the assessment in conjunction with input from nursing and CNAs to determine the scoring. The data reported will be an assessment overview of days 1-3 vs. a single snapshot of performance as is reflected in the evaluation. This will be available for all admissions on or after October 1, 2016. As a future project, JBS will incorporate situational prompts within Section GG completion that will actively train therapists on detailed scoring for various situations.

Documentation is Key

All TMC therapists will be educated and trained on the importance of supportive documentation to ensure the scoring is supported in the therapy record.

Proactive Training Plans

TMC is creating a multi-layered training program which will include Section GG overview, concepts and Section GG scoring. The GG scoring training will include clinical situational examples. Therapists will be fully trained by September 2016.

Common Questions Regarding Section GG:

Who is responsible for completing Section GG?

The Impact Act mandated that CMS establish a Quality Reporting System (QRP), wherein each skilled nursing facility (SNF) must submit data on quality measures. CMS created Section GG to capture the required quality measures for functional data reporting. Thus, the SNF is ultimately responsible for completing Section GG. However, due to the nature of the requirements, all core staff (including therapy) working with patients will be affected.

What patients should Section GG be completed on?

Section GG must be completed on Medicare A PPS patients.

Should Section GG only be completed once?

No. Section GG must be completed on the admission, as well as the planned discharge.

“A leader is one who knows the way, goes the way, and shows the way.”
Section GG is Coming - Are You Ready? (continued)

Common Questions Regarding Section GG (continued):

In what context should Section GG be completed? (Many patients perform better in a therapy setting than they do in a nursing unit)

Per CMS, providers should refer to facility, Federal and State policies and procedures to determine which staff members may complete Section GG. Since Section GG is scored based on the patient’s usual performance, the data may be completed with input from nursing staff and/or therapy professionals; the assessment is based upon direct observation, patient self-report, and direct care staff reports.

How does CMS define usual performance?

The draft RAI manual defines usual performance (also referred to as baseline performance) as the resident’s usual activity or performance for any of the self-care or mobility activities, NOT the most independent or dependent performance. Per CMS (during the SNF QRP training on June 21, 2016 - June 22, 2016), while the assessment period is the first and last three days of the SNF Medicare Part A PPS stay, reporting should reflect the patient’s admission status as close to day one as possible.

When the patient is admitted to the SNF, do providers need to assess each self-care and mobility Section GG item on every shift, across the first three days of the stay?

No. During the SNF QRP Training on June 21, 2016 - June 22, 2016, CMS training professionals confirmed that the data reporting expectation is the patient’s usual performance (i.e. admission status) as close to day one as possible. The data should provide a general picture of the patient’s baseline function before any improvement occurs.

Who should determine the discharge goal?

The QRP measure requires care plan data for each patient. This requirement is met by documenting at least one discharge goal item on Section GG for at least one self-care or mobility item. The discharge goal does not have to be created by therapy (in some cases, that would not be appropriate) and should be based on results of the initial Section GG assessment and collaboration with the care plan team.
Section GG is Coming - Are You Ready? (continued)

What else can you do to prepare?:

- Discuss how the addition of Section GG will impact your staff workflow including data collection, assessment, goal setting and documentation.

- Determine a process for completing Section GG. Just like Section G, this should not be completed by one person, rather it should be a collaboration of team members.

- Involve therapy staff in Section GG - therapists understand the lingo and can help you understand the functional assessment.

- Teach your direct care staff the basics - we all know coding Section G can be difficult at times, teaching new material is sometimes easier and you get better buy-in.

- Understand the importance of functional improvement and how to best assist with achieving it.

- Review the current state of discharge goal setting for your facility. If you aren't having PPS meetings to discuss discharges, it is recommended you start as soon as possible. This will encourage your interdisciplinary team to become more involved because this is a big care plan area as well.

- Establish documentation protocols to capture assessment information for Section GG items.

With an established operations and education plan and through partnership with our customers, we will not only comply with Section GG, but we can do so with confidence!

In addition to TMC’s efforts, we would like to provide links to CMS’ training videos here.

“Unless you try to do something beyond what you have already mastered, you will never grow.”

- Ralph Waldo Emerson