GG Black Belt

Mastering Functional Discharge Scoring

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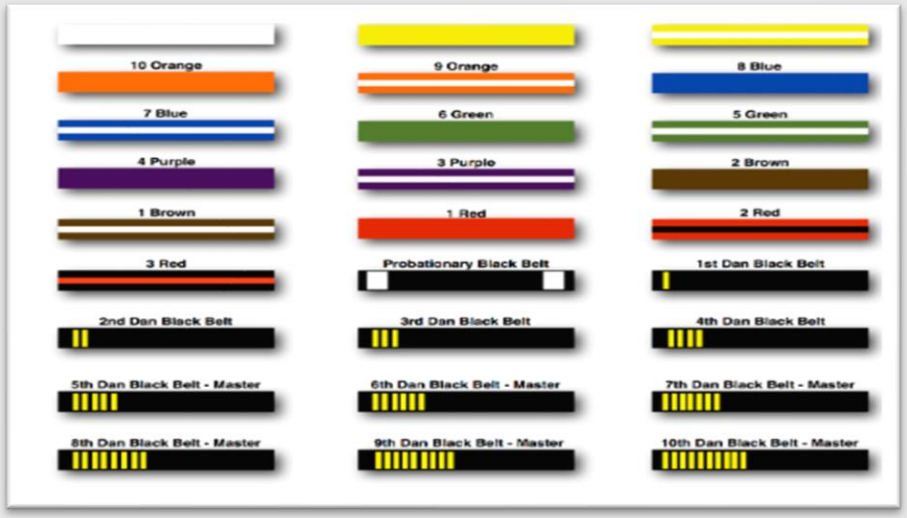
CONTINUUM
THERAPY PARTNERS

Black Belt?

Problem-Solving
Ninja Reflexes
Apprentice to Master
Achieving the most accurate Form
PROFICIENCY
Focus = Attention to Detail
Sharpening Your Awareness- GG



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Black Belt Training- WHITE BELT
Section GG Basics

- **Mobility:** Section GG tracks a patient's ability to move around, including tasks like bed mobility, transfers (e.g., getting in and out of bed or a chair), walking, and stair negotiation. These are critical for evaluating a patient's progress from admission to discharge.
- **Self-Care:** Self-care activities include bathing, dressing, toileting, and eating. Section GG measures the patient's ability to perform these activities independently or with assistance at both admission and discharge.
- **Functional Abilities:** Functional abilities refer to how well the patient can manage their day-to-day activities, which reflect their independence.
- Section GG emphasizes improvements in these areas, providing insight into the effectiveness of care during their stay.
- FUNCTION!

Black Belt Training- WHITE BELT
Section GG Basics

CMS invites a multidisciplinary approach, when possible, to each patient/resident assessment.

Understanding "Helper" in SNF Settings:

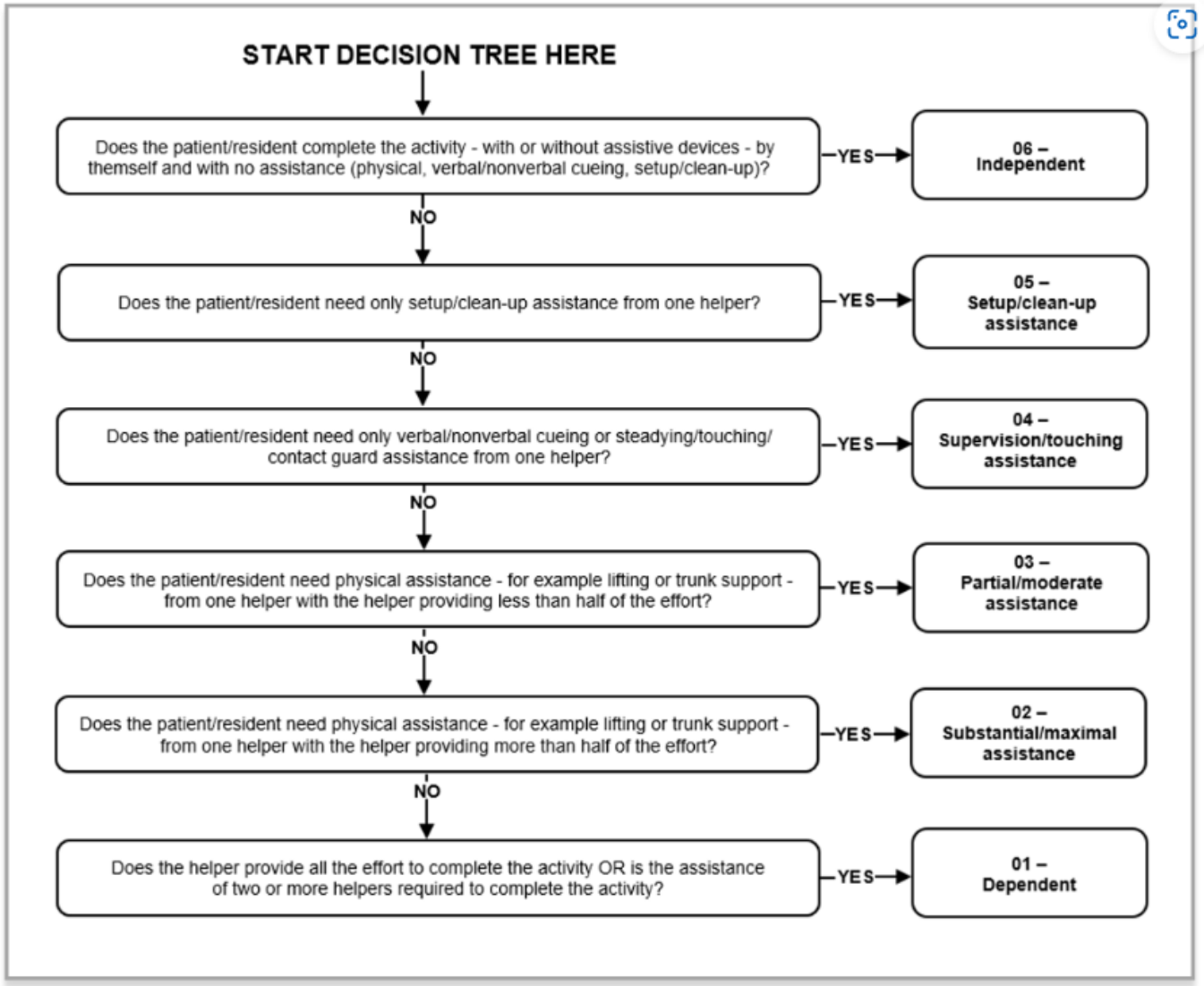
- For the purposes of completing Section GG in the SNF setting, a "helper" is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff).
- "helper" **does not include individuals hired, compensated or not, by individuals outside of the facility's management and administration such as hospice staff, nursing/certified nursing assistant students, etc.**
- Therefore, when helper assistance is required because a resident's performance is unsafe or of poor quality, consider only facility staff when scoring according to the amount of assistance provided.

Black Belt Training- WHITE BELT
Section GG Basics

6-Point Coding Scale	
CODE 06	Independent
CODE 05	Setup or clean-up assistance
CODE 04	Supervision or touching assistance
CODE 03	Partial/moderate assistance
CODE 02	Substantial/maximal assistance
CODE 01	Dependent

Activity Not Attempted (ANA) Codes	
CODE 07	**Patient/Resident refused**
CODE 09	**Not applicable-** not attempted and the patient/resident did not perform this activity prior to the current illness, exacerbation, or injury
CODE 10	**Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
CODE 88	**Not attempted due to medical condition or safety concerns**

Black Belt Training- WHITE BELT Section GG Basics



Black Belt Training- WHITE BELT
Section GG Basics- TIPS

- Only use the “activity not attempted” codes if the activity did not occur; that is, **the resident did not perform** the activity and **a helper did not perform** that activity for the resident.
- The use of a dash (-) indicates “No information” and CMS expects the use of a dash to be a rare occurrence.
- If the patient/resident only completes a portion of the activity (e.g., performs a partial bath or transfers into but not out of a vehicle) and does not complete the entire activity during the assessment time period/timeframe, use clinical judgment to determine if the situation allows the clinician to adequately assess the patient/resident’s ability to complete the activity. If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient/resident requires to complete the **ENTIRE** activity.
- Do not code self-care and mobility activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).

Black Belt Training- WHITE BELT
Section GG Basics- TIPS

For the SNF setting, the GG0130 items are collected at Admission, at Discharge, and for an Omnibus Budget Reconciliation Act (OBRA) assessment or Interim Payment Assessment (IPA). The OBRA assessment collects all GG0130 data elements including GG0130I Personal hygiene, but the IPA only collects GG0130 A, B, and C

CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the patient/resident during the assessment period.

For SNF residents in a Medicare Part A stay, the admission functional assessment, when possible, should be conducted **prior to the benefit of services** in order to reflect the resident's true admission baseline functional status.

- For example, if treatment has started on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment.

Black Belt Training- WHITE BELT
Section GG Basics- TIPS

USUAL PERFORMANCE

•A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance.

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Self Care GG0130

Eating
Oral hygiene
Toilet hygiene
Shower/bathe self
Upper body dressing
Lower body dressing
Putting on/ taking off footwear
Personal Hygiene

Mobility GG0170

Roll left and right
Sit to lying
Lying to sitting on side of bed
Sit to stand
Chair/bed-to chair transfer
Toilet transfer
Tub/shower transfer
Car transfer
Walk 10 ft.
Walk 50 ft. with 2 turns
Walk 150 ft.
Walk 10 feet on uneven surfaces
1 step (curb)
4 steps
12 steps
Picking up object
Wheel 50 ft. with 2 turns
Wheel 150 ft.

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Self Care

Eating	Oral Hygiene	Toilet Hygiene	Shower/Bathe oneself
• Assess the patient/resident's 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/resident. • Tube Feeding??	• Assess the patient/resident's ability to use suitable items to clean teeth, and if applicable, to assess the patient/resident's ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with the use of equipment.	• Assess the patient/resident's ability to maintain perineal hygiene and adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment • Manage undergarments, incontinence products, perineal cleaning around catheter	• Assess the patient/resident's ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair) • Includes: face, upper/lower body, Perineal area and feet!

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Self Care

Upper body dressing	Lower Body Dressing	Putting on/Taking off footwear	Personal Hygiene
• The intent of these items is to assess the patient/resident's ability to dress and undress above the waist. These dressing tasks include the ability to manage fasteners if applicable, but do not include footwear	• The intent of these items is to assess the patient/resident's ability to dress and undress below the waist. These dressing tasks include the ability to manage fasteners if applicable, but do not include footwear	• The intent is to assess the patient/resident's ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility. This task includes fasteners, if applicable.	• To assess a resident's ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands (excludes baths, showers, and oral hygiene).

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Mobility

Roll Left/Right	Sit to lying	Lying to sitting on side of bed	Sit to stand
• The activity includes the patient/resident rolling to both the left and to the right while in a lying position on their preferred or necessary sleeping surface. • Recliner?	• Assesses the ability of a patient or resident to move from sitting on the side of the bed to lying flat on the bed	• Assesses the patient's or resident's ability to move from lying on the back to sitting on the side of the bed with no back support.	• Assesses the ability of the patient or resident to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Mobility

Chair/Bed to chair transfer	Toilet Transfer	Tub/Shower Transfer	Car Transfer
• assesses the ability of the patient or resident to transfer to and from a chair or bed to a chair (or wheelchair).	• assesses the ability of the patient or resident to get on and off a toilet (with or without a raised toilet seat) or a bedside commode.	• assesses the ability of a resident to get into and out of a shower/tub	• assesses the ability of a patient or resident to transfer in and out of a car or van on the passenger side.

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Mobility

Walk 10 feet	Walk 50’ c 2 turns	Walk 150’	Walk 10’ uneven surfaces

• A brief standing rest break is allowed
• May utilize an assistive device
• Cannot code if using parallel bars.
	• Patient/resident must complete two turns at 90-degree angles.
	  • Turns may be in the same direction.
	  • Turns may be in different directions, one turn to the right and then one turn to the left.
	  • The turns may occur at any time during the 50-foot walk.
		• No sitting rest breaks allowed.	• The activity can be assessed inside or outside. Examples of uneven surfaces include uneven or sloping surfaces, turf, and gravel. Use clinical judgment to determine whether a surface is uneven

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Mobility

1 step (curb)	4 steps	12 steps	Pick up object from floor
• Assess the patient/resident going up and down one step or up and down a curb. If both are assessed, and the patient/resident's performance going up and down a curb is different from their performance going up and down one step (for example, because the step has a railing), code *GG0170M. 1 step (curb)* based on the activity with which the patient/resident requires the most assistance.	• Assesses the ability to go up and down 4 steps with or without a rail.	• Assesses the ability of a patient or resident to go up and down 12 steps with or without a rail. • If a patient/resident's environment does not have 12 steps, clinical judgment may be used to determine if the combination of going up and down 4 stairs 3 times consecutively in a safe manner is an acceptable alternative	• assesses the ability of a patient or resident to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. • Resident CANNOT Be seated. • Assistive devices and adaptive equipment may be used, for example, a cane to support standing balance and/or a reacher to pick up the object.

Mid-Level Mastery:
Accurately Scoring GG- (Yellow Belt Level)

Wheel 50’ c 2 turns	Wheel 150’	FUNCTION!
• Assesses the patient/resident’s ability (once seated in a wheelchair/scooter) to wheel at least 50 feet and make two turns.	• A helper can assist a resident in completing the required distance in the wheelchair or in making turns if required. • When a resident is unable to wheel the entire distance themself, the activity can still be completed, and a performance code can be determined based on the type and amount of assistance required from the helper to complete the entire activity	• IS KEY • Should be a focus DAILY • Should be addressed DAILY

Mid-Level Mastery: Accurately Scoring GG- (Yellow Belt Level)

- Each GG item matters!

- Focus on FUNCTION!
- Discuss progress with your patients regarding GG items
- Talk about what improvement has been made mobility and self-care.
- Make sure you accurately document patient improvements to ensure correct reimbursement.

Advanced Techniques- ALMOST a Black Belt Section GG and Discharge Scoring

IMPACT Act of 2014: requires submission of standardized data from LTCHs, IRFs, SNFs, and HH agencies to **ensure the provision of quality care** via tracking of functional measures.

- Tracking patient functional progression/regression can provide insight into their likelihood of successful discharge into the community or readmission to the hospital/facility.
- Intends for standardized post-acute care data to improve Medicare beneficiary outcomes through **shared-decision making, care coordination, and enhanced discharge planning**.

Advanced Techniques- ALMOST a Black Belt
Discharge Function Score

For each SNF stay, the observed discharge function score (Section 3.4.1) and the expected discharge function score (Section 3.4.2) are determined.

For each SNF, the Discharge Function Score is the proportion of Medicare Part A stays where the observed discharge function score is larger than or equal to the risk-adjusted expected function score.

- Discharge Function Score for Skilled Nursing Facilities (SNFs) Technical Report (cms.gov)

Advanced Techniques- ALMOST a Black Belt
Discharge Function Score

Discharge Function Score measure calculates the percent of Medicare Part A SNF residents who achieve a risk-adjusted expected function score at discharge.

Functional status is measured through Section GG of MDS assessments, which evaluates a resident's capacity to perform daily activities related to self-care (GG0130) and mobility (GG0170).

Coefficients from a risk adjustment model controlling for admission function score, age, and resident clinical characteristics are used to determine an expected discharge function score for each SNF stay. The provider score is calculated as the following proportion:

$$\frac{Number\ of\ provider's\ stays\ where\ observed\ \text{discharge score} \geq\ expected\ discharge\ score}{Total\ number\ of\ provider's\ stays} * 100$$

What did we look at before?
What are we looking at now?

OLD

- Application of Functional Assessment/Care Plan Measure
- Change in Self-Care Score Measure
- Change in Mobility Score Measure
- % of Residents with New or Worsened Pressure Ulcers
- % of Residents Experiencing 1+ Falls with Major Injury
- Drug Regimen Review Conducted with Follow-Up for Identified Issues
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer Injury

Removing FY SNF QRP 2025
~~Change in Self-Care~~
~~Change in Mobility~~

NEW

The Application of Functional Assessments/Care Plan Measure, Change in Self-Care Score Measure, and Change in Mobility Score Measure are being replaced.

Discharge Function Scores are considered more accurate when predicting patient function at discharge.

What did we look at before?
What are we looking at now?

Stays the same:

- Use same data source
- Use same clinician scoring methodology
- Same process for calculating Expected score
- Same process for calculating Quality Measure
- Part of SNF QRP

Different:

- Uses smaller number of data elements
- Combines Self-Care with Mobility into one score
- Uses statistical imputation to calculate missing values
- New DC Function part of SNF VBP starting 2027

Discharge Function Score

Beginning Fiscal Year 2025: **Discharge Function Scores**

- "Assesses functional status by assessing the percentage of SNF residents that meet or exceed an expected discharge function score"
- Uses mobility and self-care items that are already collected on the MDS via section GG
- Fiscal year 2025= OCT 2024

- QRP/QM- Facility Level Measures
    - % of patients meeting or exceeding Expected DC: Self-Care, Mobility, Function Scores

Discharge Function Score Measure

- This measure reports Medicare Part A stays during a 12-month target period that have an observed discharge score that exceeded the expected discharge score.

$$\frac{Number\ of\ provider's\ stays\ where\ observed\ \text{discharge score} \geq\ expected\ discharge\ score}{Total\ number\ of\ provider's\ stays} * 100$$

Discharge Function Score for Skilled Nursing Facilities (SNFs) Technical Report (February 2023):

Discharge Function Score- Components

Range of possible scores (10-60)

Function items and Rating scale:

The function assessment items used for discharge function score calculations are:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170I3: Walk 10 Feet*
- GG0170J3: Walk 50 Feet with 2 Turns*
- GG0170R3. Wheel 50 feet with 2 Turns*

Discharge Function Score- Components

Range of possible scores (10-60)

The discharge score for each Medicare Part A stay is calculated using 10 GG items, each scoring 01 to 06.

The same 10 GG items may not apply for every resident.

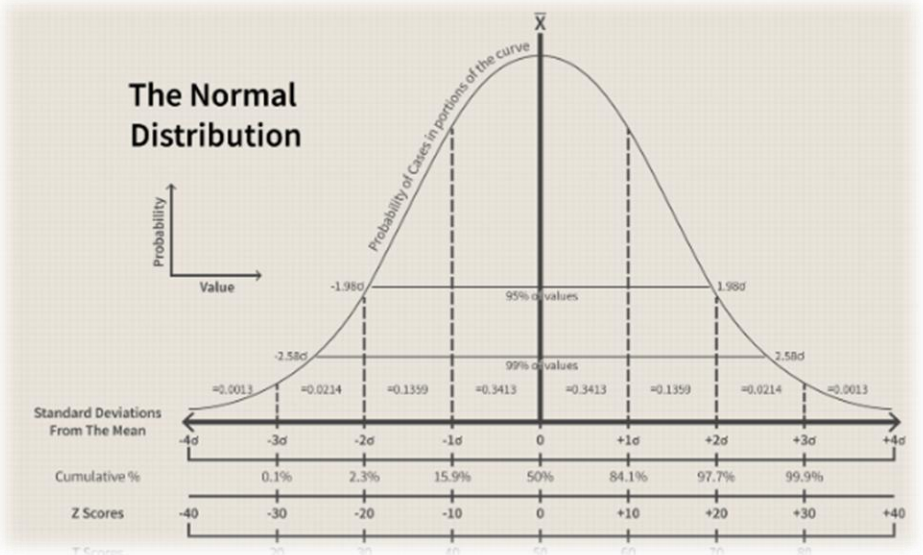
EXAMPLE: if the resident was able to walk 10 feet, “Walk 10 Feet” and “Walk 50 Feet with 2 Turns” are used, and the wheelchair item is not used.

But if the resident was unable to walk 10 feet, the calculation instructions state to replace the two walking items by counting the “Wheel 50 feet with 2 Turns” score twice.

The result is a Discharge Function Score of 10 to 60.

But what is different?

- If GG score code is between 1-6, use the code as the value.
- If coded as 07, 09, 10, 88, or if the item is skipped or not assessed, a ***statistical imputation is used*** to determine the value. (Before this would have been a 01…)



Looking at the numbers-

Level of Assistance	Discharge Function Score
06 – Independent	06
05 – Setup or clean-up assistance	05
04 – Supervision or touching assistance	04
03 – Partial/moderate assistance	03
02 – Substantial/maximal assistance	02
01 – Dependent	01
07 – Resident refused	Statistical imputation
09 – Not applicable	Statistical imputation
10 – Not attempted due to environmental limitations	Statistical imputation
^ – Skip pattern	Statistical imputation
88 – Not attempted due to medical condition or safety concerns	Statistical imputation
– – Not assessed/no information	Statistical imputation

STATISTICAL IMPUTATION SCORE

1. Start with Eating (GG0130A). For each SNF stay where the item has a NA code at discharge, calculate z, a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

   [1] $z = \gamma_1 x_1 + \ldots + \gamma_m x_m$

   Where:

   - γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (See Discharge Function Score Appendix File. Note that the coefficients used in this calculation do not include the thresholds described in Step 2.)
   - $x_1 - x_m$ are the imputation risk adjustors specific to the GG0130A discharge model.

2. Calculate the probability for each possible value, had the GG item been assessed, using z (Step 1) and the equations below.

   [2] $\Pr(z \le \alpha_1) = \Phi(\alpha_1 - z)$,
   $\Pr(\alpha_1 < z \le \alpha_2) = \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z)$,
   $\Pr(\alpha_2 < z \le \alpha_3) = \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z)$,
   $\Pr(\alpha_3 < z \le \alpha_4) = \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z)$,
   $\Pr(\alpha_4 < z \le \alpha_5) = \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z)$,
   $\Pr(z > \alpha_5) = 1 - \Phi(\alpha_5 - z)$,

   Where:

   - $\Phi(.)$ is the standard normal cumulative distribution function.
   - $\alpha_1 \ldots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see Discharge Function Score Appendix File).

3. Compute the imputed value of the GG item using the six probabilities determined in Step 2 and the equation below.

   [3] $\textit{Imputed value of GG item} = \Pr(z \le \alpha_1) + 2 * \Pr(\alpha_1 < z \le \alpha_2) + 3 * \Pr(\alpha_2 < z \le \alpha_3) + 4 * \Pr(\alpha_3 < z \le \alpha_4) + 5 * \Pr(\alpha_4 < z \le \alpha_5) + 6 * \Pr(z > \alpha_5)$

4. Repeat Steps 1-3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.

ALWAYS try to score GG items.

If items are NOT scored, our discharge score relies on statistical analysis to determine what the patient's function should be.

Dashes are NOT our Friend!

STATISTICAL IMPUTATION SCORE

Expected Discharge Function Score: "determined via applying a regression equation determined from risk adjustment to each eligible SNF stay."

Considers the patient's scores on section GG at admission and various covariates that may impact their function.

Based on all these factors, a risk adjustment is applied to the regression equation to determine the patients expected scores on section GG at discharge.

- Separate statistical imputation models created for each GG item
- Uses all GG items available in SNF to estimate missing scores
- Process for Admission and Discharge Assessments are similar

Expected Discharge Function Score

Expected Discharge Function Score: "determined via applying a regression equation determined from risk adjustment to each eligible SNF stay."

Considers the patient's scores on section GG at admission and various covariates that may impact their function.

Based on all these factors, a risk adjustment is applied to the regression equation to determine the patients expected scores on section GG at discharge.

- Discharge Function Score for Skilled Nursing Facilities (SNFs) Technical Report (February 2023).

- **The Statistical Risk Model**
  The statistical risk model is an ordinary least squares linear regression model, which estimates the relationship between Discharge Function Score and a set of risk adjustors. Observed Discharge Function Score is determined for each SNF stay, incorporating imputed item scores when NA [not applicable] codes are encountered. The risk adjustment model is run on all SNF stays to determine the model intercept (β0) and risk adjustor coefficients (β1, …, βn). Expected Discharge Function Scores are calculated by applying the regression equation to each SNF stay.

$$Expected\ Discharge\ Function\ Score = \beta_0 + \beta_1 x_1 + \cdots + \beta_n x_n$$

where x_1 – x are the risk adjustors.

Expected Discharge Function Score

What is the numerator?

The numerator is the total number of Medicare Part A SNF stays in the denominator, except those that meet the exclusion criteria, with an observed Discharge Function Score that is equal to or greater than the calculated expected score. This measure uses only Type 1 SNF stays, those stays that have a paired 5-Day PPS assessment with a Part A PPS discharge. If the stay ended with a death, it is considered a Type 2 SNF stay and not included in this measure.

What is the denominator?

The denominator is the total number of Medicare Part A SNF stays (Type 1 SNF stays only), except those that meet the exclusion criteria.

Expected Discharge Function Score

What are the exclusions?

Medicare Part A SNF stays are excluded from this measure in these situations:

- The Medicare Part A SNF stay is an incomplete stay. Examples of incomplete stays are an unplanned discharge, discharge to an acute care hospital, psychiatric hospital, or a long-term care hospital, a Medicare Part A stay less than 3 days, or if the resident died during the skilled stay.
- The resident has any of these medical conditions on the 5-Day PPS assessment: coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain.
- The resident is younger than age 18.
- The resident is discharged to hospice or received hospice while a resident.
- Did **not** receive physical or occupational services at time of admission

All Medicare Part A stays can be included in the Discharge Function Score, unless they meet one or more of the exclusion criteria

Expected Discharge Function Score

1. Age group
2. *Admission function score*
3. Primary medical condition category
4. Interaction between Primary Medical Condition Category and Admission Function Score
5. Prior surgery
6. *Prior functioning/Device use*
7. *Cognitive function*
8. Pressure Ulcers
9. *Communication impairment*
10. Bowel/Bladder Continence
11. *History of falls*
12. *Nutritional Status including BMI*
13. *Comorbidities*

The Expected Discharge score is adjusted based on clinical characteristics on the 5-day

CALCULATION
% of Patients Meeting or Exceeding Expected Score

Determine total number of stays where the DC Function Score meets or exceed the Expected Scores

Determine total number of stays that do not meet exclusion criteria (Denominator)

Facility Level Expected Score – % of patients meeting or exceeding Expected DC Function Score

Blackbelt Knowledge- What do we know?

The Discharge Function Score measure provides the percent of patients who meet or exceed an expected discharge function score.

- Each Medicare A patient will have a calculated expected discharge outcome.
- Knowing and targeting the expected outcome isn’t the answer.

Blackbelt MASTER Mastering GG and Discharge Scores

- Proper coding/MDS Accuracy
- Education
- Care planning
- Discharge planning
- Path to HOME
- Therapy and Nursing
- IDT Documentation

- What does your daily meeting look like?
- What does your Medicare meeting look like?
- What reports do you utilize in IQIES?

Blackbelt MASTER

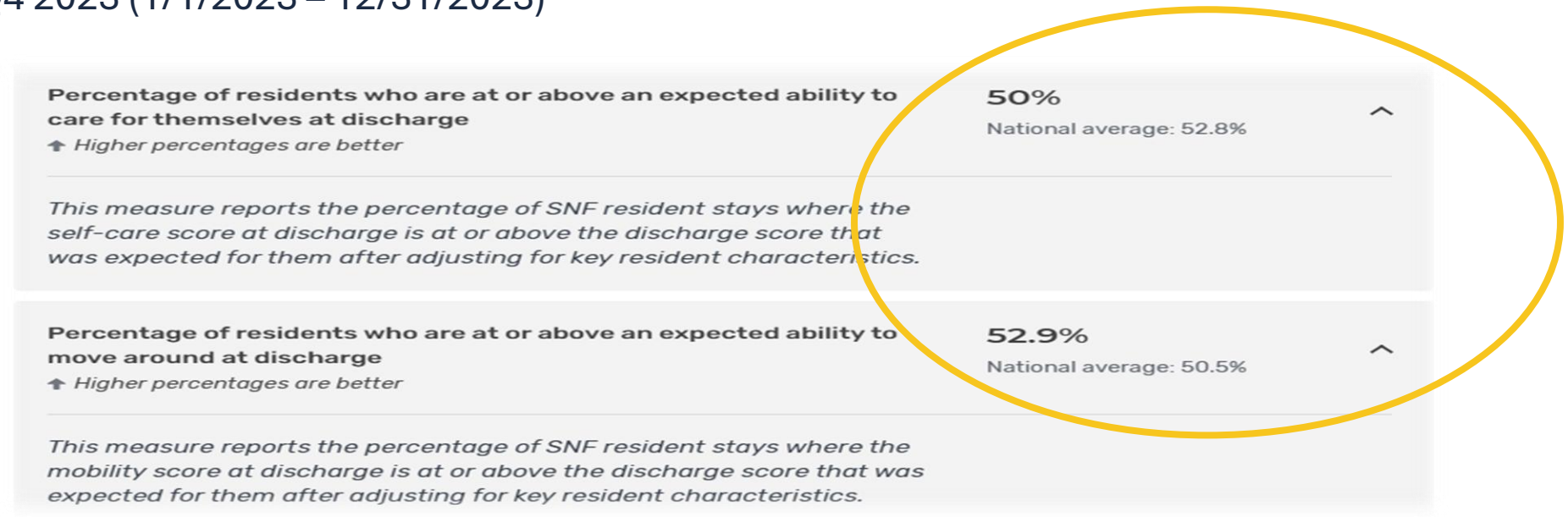
Report	Purpose	Frequency
MDS 3.0 Facility Level QM Report	QM performance comparison to state and nation. QAPI and State Survey	Leadership and IDT at least monthly
MDS 3.0 Resident Level QM Report	Residents included in facility QM report for review and analysis of triggers	IDT at least monthly
SNF QRP Facility-Level QM Report	Facility level QM performance for those included in QRP	Leadership and IDT At least quarterly
SNF QRP Resident Level QM Report	Residents included in facility SNF QM report and if the resident affected the SNF QM included in QRP	IDT at least quarterly
SNF Provider Threshold Report	Displays compliance with the SNF QRP reporting requirements	Leadership At least monthly
SNF Review and Correct Report	Allows SNF to review QM data for corrections or changes prior to the submission deadline.	Review at least monthly Leadership at least quarterly
MDS 3.0 Admissions/Reentry/Discharges	Review for timely completion and submission of assessments	At least monthly

Blackbelt MASTER- in the PUBLIC eye

April 2024 refresh to the public reporting system displays Quality Measures for all SNFs in the country.

- Data displayed is reflective of MDS submissions for Q3 2022 – Q2 2023 (7/1/2022 – 6/30/2023)

The Discharge Function Score measure will begin to be displayed this October and will display data from Q1 2023 – Q4 2023 (1/1/2023 – 12/31/2023)



Blackbelt MASTER- in the PUBLIC eye and MORE

What you do today- MATTERS!

	QRP	Five-Star	VBP	Publicly Reported on Care Compare
Discharge Function Score	QRP (Oct. 2024)	★ (Oct. 2024)	VBP (Oct. 2026)	(Oct. 2024)

- SNF QRP reporting timelines follow a rolling calendar year that applies to the Fiscal Year 2 years following
  - DC Function score data collection included in QRP data requirement on 10/1/2023 and impacts FY 2025 APU.

- SNF VBP Program Years: DC Function will impact FY 2027 program year.
  - Baseline data FY 2023
  - Performance data FY 2025

Blackbelt MASTER- Reimbursement

What you do today- MATTERS!

Reimbursement and Outcomes??

Per CMS, Skilled Nursing Facility Quality Reporting Program is a “pay-for-reporting program.”

That is, if a skilled nursing facility does not meet the quality reporting requirements (as outlined by the IMPACT Act of 2014), they are subject to a “2% reduction in their Annual Payment Update.”

Discharge Function Scores are now a component of both the Quality Reporting Program and the Value-Based Purchasing (VBP) Program

If a SNF fails to obtain the expected discharge function score (calculated based on the regression), it will impact the amount of incentive payment they receive via the CMS VBP program

Blackbelt MASTER- REVIEW

- Discharge Function Scores begin in Fiscal Year 2025
- Discharge Function Scores replace:
  - Application of Functional Assessment/Care Plan Measure
  - Change in Self-Care Score Measure
  - Change in Mobility Score Measure
- Uses a statistical regression equation with adjustments for admission GG codes and covariates that may impact a patient's functional improvements.
- Section GG items that are not scored 1-6 will be determined via a statistical imputation to determine the patients' expected discharge function score.
- Is part of the Quality Reporting Program (QRP) and the Value Based Payment Program (VBP) through CMS.

Blackbelt MASTER- ACTION ITEMS

Education is key- Review GG basics

- ✓ Does the ENTIRE IDT team have a thorough understanding of MDS contribution on Admission AND Discharge?
- ✓ PATH TO HOME- Discharge planning day 1
  - ✓ Involve the resident
  - ✓ Focus on functional movement daily with each resident- everyone!
  - ✓ The Last 3 days of the stay- what is their function? Documentation?
- ✓ Discuss function in daily/weekly meetings
- ✓ Review accuracy- Are not attempted codes being utilized or are items skipped or dashed?
- ✓ What do your outcomes look like?

CONTINUUM
THERAPY PARTNERS

Blackbelt MASTER- Path to Home

Questions?

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