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Section GG – An Important Section of the MDS

Section GG – Functional Abilities

Intent:

- This section includes items about functional abilities. It includes items focused on prior function, admission and discharge performance, performance throughout a resident's stay, mobility device use, and range of motion. Functional status is assessed based on the need for assistance when performing self-care and mobility activities.

Prior Functioning

- How the resident was able to completed everyday activities prior to the current illness.
 - Self-care
 - Indoor Mobility
 - Stairs
 - Functional Cognition
- What, if any, assistive devices did the resident use prior to the current illness?

Self – Care and Mobility

- Self-care questions gather data on the resident's ability to participate in eating, hygiene, dressing and personal care.



- Mobility questions gather data on the resident's ability to participate in bed mobility, ambulation, steps, transfers and wheelchair mobility.



Self-Care Tasks (8)

- Eating
- Hygiene:
 - Oral Hygiene
 - Toileting Hygiene
 - Personal Hygiene
- Dressing
 - Upper Body Dressing
 - Lower Body Dressing
 - Footwear
- Shower/Bathing

Mobility Tasks (17)

- Bed Mobility
 - Rolling left and right
 - Sitting to Lying
 - Lying to sitting on side of bed
- Transfer:
 - Chair/Bed to chair transfer
 - Toilet Transfer
 - Tub/shower transfer
 - Car transfer
- Ambulation
 - Walk 10 feet
 - Walk 50 feet with two turn
 - Walk 150 feet
 - Walk 10 feet on uneven surface

Mobility Tasks

- Steps:
 - 1 step (curb)
 - 4 steps
 - 12 steps
- Picking up an object
- Wheelchair mobility
 - Wheel 50 feet with two turns
 - Wheel 150 feet

PDPM
Function
Score

Care
Planning

SNF Quality
Reporting

Section
GG

Quality
Measures/
Five Star

Discharge
Planning

SNF Value
Based
Purchasing

Care Planning

- Accurate determination of a resident's usual performance drives the care plan to ensure interventions are put in place to provide the resident the appropriate level of assistance and identify any assistive devices the resident may need.



PDPM Function Score

- GG is used to determine the function score that impacts the PT/OT component of the PDPM rate as well as the nursing component of the PDPM rate.

Section GG items (column 1 on the 5-Day and OBRA Admission or column 5 on the IPA or other OBRA assessments)		Score
GG0130A	Self-care: Eating	0-4
GG0130B	Self-care: Oral hygiene	0-4
GG0130C	Self-care: Toileting hygiene	0-4
GG0170B	Mobility: Sit to lying	0-4 (avg. of 2 bed mobility items)
GG0170C	Mobility: Lying to sitting on side of bed	
GG0170D	Mobility: Sit to stand	0-4 (avg. of 3 transfer items)
GG0170E	Mobility: Chair/bed-to-chair transfer	
GG0170F	Mobility: Toilet transfer	
GG0170J	Mobility: Walk 50 feet with 2 turns	0-4 (avg. of 2 walking items)
GG0170K	Mobility: Walk 150 feet	

Section GG items (column 1 on the 5-Day and OBRA Admission or column 5 on the IPA and other OBRA assessments)		Score
GG0130A	Self-care: Eating	0-4
GG0130C	Self-care: Toileting hygiene	0-4
GG0170B	Mobility: Sit to lying	0-4 (avg. of 2 bed mobility items)
GG0170C	Mobility: Lying to sitting on side of bed	
GG0170D	Mobility: Sit to stand	0-4 (avg. of 3 transfer items)
GG0170E	Mobility: Chair/bed-to-chair transfer	
GG0170F	Mobility: Toilet transfer	

PDPM Function Score

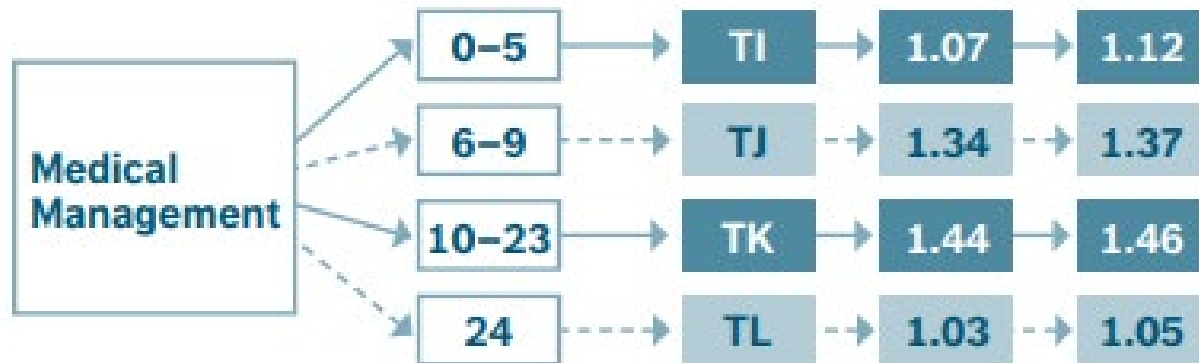
PDPM Function Score

- The function score can range from 0 (fully dependent) to 24 (fully independent) for the therapy component of the PDPM rate.
- The function score can range from 0 (fully dependent) to 16 (fully independent) for the nursing component of the PDPM rate.

Scoring Response for Section GG Items		Score
05, 06	Setup or clean-up assistance, independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10, 88, [-]	Dependent, refused, not attempted	0

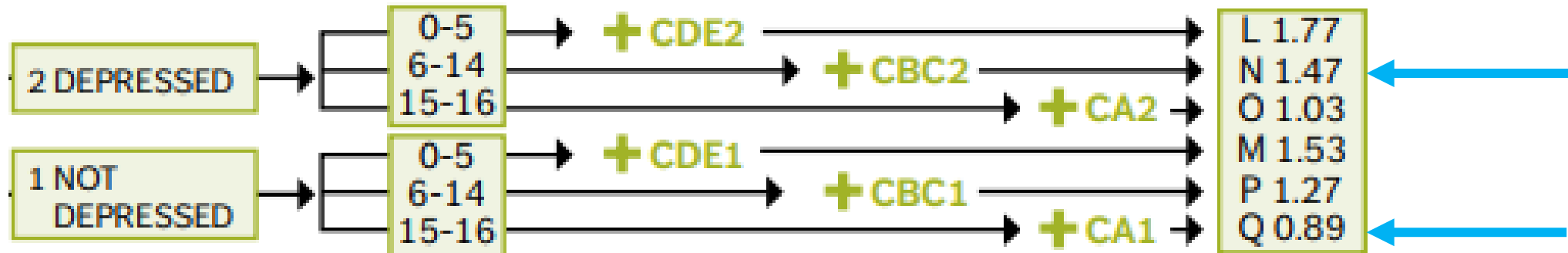
PDPM Function Score

- For therapy, residents at the highest score (most independent) and residents at the lowest score (most dependent) have lower associated rates. Residents that are middle (10-23) have a higher associated rate.



PDPM Function Score

- For nursing, residents at the higher scores (more independent) have a lower associated rate than residents at the lower scores (more dependent) which have a higher associate rate.



SNF Quality Reporting program (SNF QRP)

What are the requirements?

- The IMPACT Act of 2014 set forth requirements for Skilled Nursing Facilities (SNFs) to submit data to CMS.
 - Data is collected from the MDS 3.0 – Quality Measures/ Dash compliance
 - Reporting to NHSN (National Healthcare Safety Network)
 - Medicare Fee for Service Claims

MDS Based Measure

- Discharge Function Score
 - This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
 - The Discharge function score estimate from CMS is based on 10 MDS Section GG tasks and also utilizes a number of covariates from Section GG to determine an estimated Discharge Function Score:
 - Admission function
 - Prior Functioning: Self-care
 - Prior Functioning: Stairs
 - Prior Functioning: Functional Cognition
 - Prior Mobility Device

MDS Based Measures

- While Section GG MDS tasks do not have a direct impact on other SNF QRP Measure calculations, it has an indirect impact as a covariate on Changes in Skin Integrity Post Acute Care Measure.
 - This measure reports the percentage of Medicare Part A resident stays where a resident admits with a Stage 2-4 pressure ulcer that worsens during the skilled stay OR a resident admits without a pressure ulcer and develops a 2-4 or unstageable pressure ulcer during the skilled stay.
 - Lying to Sitting on the side of the bed is a covariate.

Annual Payment Update (APU)

- The Centers for Medicare & Medicaid Services' (CMS) Skilled Nursing Facility Quality Reporting

Program (SNF QRP) requires SNFs to submit quality measure and standardized resident assessment data elements to CMS. For a given data submission period, the Minimum Data Set (MDS) assessments submitted by a SNF must meet the Annual Payment Update (APU) minimum data completion threshold of not less than 90 percent of the assessments having 100 percent completion of the required data elements. These are the standardized patient assessment data elements and the data elements needed to calculate the SNF QRP quality measures. Successful assessment completion means that the assessment does not contain noninformative responses, i.e., “dash” (–) for required data elements. Please note that while the coding of a “dash” is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold. Failure to meet the minimum threshold may result in a two (2) percentage point reduction in the SNF's APU.

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0130A1	Eating (Admission Performance)	X		X	X
GG0130A3	Eating (Discharge Performance)		X	X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X	X
GG0130B3	Oral hygiene (Discharge Performance)		X	X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X	X
GG0130C3	Toileting hygiene (Discharge Performance)		X	X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X	X
GG0130E3	Shower/bathe self (Discharge Performance)		X	X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X	X
GG0130F3	Upper body dressing (Discharge Performance)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0130G1	Lower body dressing (Admission Performance)	X		X	X
GG0130G3	Lower body dressing (Discharge Performance)		X	X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X	X
GG0130H3	Putting on/taking off footwear (Discharge Performance)		X	X	X
GG0170A1	Roll left and right (Admission Performance)	X		X	X
GG0170A3	Roll left and right (Discharge Performance)		X	X	X
GG0170B1	Sit to lying (Admission Performance)	X		X	X
GG0170B3	Sit to lying (Discharge Performance)		X	X	X
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X		X	X
GG0170C3	Lying to sitting on side of bed (Discharge Performance)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0170D1	Sit to stand (Admission Performance)	X		X	X
GG0170D3	Sit to stand (Discharge Performance)		X	X	X
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	X		X	X
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X	X	X
GG0170F1	Toilet transfer (Admission Performance)	X		X	X
GG0170F3	Toilet transfer (Discharge Performance)		X	X	X
GG0170G1	Car transfer (Admission Performance)	X		X	X
GG0170G3	Car transfer (Discharge Performance)		X	X	X
GG0170I1	Walk 10 feet (Admission Performance)	X		X	X
GG0170I3	Walk 10 feet (Discharge Performance)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0170J1	Walk 50 feet with two turns (Admission Performance)	X		X	X
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X	X	X
GG0170K1	Walk 150 feet (Admission Performance)	X		X	X
GG0170K3	Walk 150 feet (Discharge Performance)		X	X	X
GG0170L1	Walk 10 feet on uneven surfaces (Admission Performance)	X		X	X
GG0170L3	Walk 10 feet on uneven surfaces (Discharge Performance)		X	X	X
GG0170M1	1 step (curb) (Admission Performance)	X		X	X
GG0170M3	1 step (curb) (Discharge Performance)		X	X	X
GG0170N1	4 steps (Admission Performance)	X		X	X
GG0170N3	4 steps (Discharge Performance)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG017001	12 steps (Admission Performance)	X		X	X
GG017003	12 steps (Discharge Performance)		X	X	X
GG0170P1	Picking up object (Admission Performance)	X		X	X
GG0170P3	Picking up object (Discharge Performance)		X	X	X
GG0170Q1	Does the resident use a wheelchair and/or scooter? (Admission)	X		X	X
GG0170Q3	Does the resident use a wheelchair and/or scooter? (Discharge)		X	X	X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X		X	X
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X	X	X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0170S1	Wheel 150 feet (Admission Performance)	X		X	X
GG0170S3	Wheel 150 feet (Discharge Performance)		X	X	X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X

FY 2027 SNF QRP Provider Threshold Report

of MDS 3.0 Assessments Submitted:

of MDS 3.0 Assessments Submitted Complete:

% of MDS 3.0 Assessments Submitted Complete:

SNF Definitions:

of MDS 3.0 Assessments Submitted: The total number of PPS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes and submission deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information page. See: www.cms.hhs.gov; > Medicare > Skilled Nursing Facility Quality Reporting Program [under the Quality Initiatives/Patient Assessment Instruments heading] > Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Quality Measures for the FY APU pdf at the bottom of the page for the FY of the report.

of MDS 3.0 Assessments Submitted Complete: The number of PPS 5-Day and PPS Discharge assessments identified in the denominator that do not contain dashes (-) for any of the required data elements used to determine APU compliance for the SNF QRP for the applicable fiscal year. This is the numerator.

% of MDS 3.0 Assessments Submitted Complete: Divide the numerator (*# of PPS 5-Day and PPS Discharge assessments Submitted Complete*) by the denominator (*# of PPS 5-Day and PPS Discharge assessments Submitted*) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 90% are determined to be non-compliant with the SNF QRP.

Quality Measures/Five Star

Residents Whose Need for Help with Activities of Daily Living has Increased

In April of 2024, this quality measure was “frozen” to allow CMS to gather a full 4 quarters of data that now utilizes 4 GG tasks to determine if a resident has had a decline in ADL performance.

- Eating
- Sitting to Lying (Bed Mobility)
- Sit to Stand (Transfer)
- Toilet transfer (Toileting)

Residents Whose Ability to Walk Independently Worsened

- In April of 2024, this quality measure was “frozen” to allow CMS to gather a full 4 quarters of data that now utilizes 1 GG task to determine if a resident has had a decline in the ability to ambulate.
 - Walk 10 Feet

Quality Measures

- Both quality measures are based on the long-stay residents
 - Residents with cumulative days in the facility greater than or equal to 101 days. This can include residents with one or more interruptions.
- Both quality measures are utilized in determining a facilities Quality Measure Five Star Rating.
 - Publicly Reported Measures

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SNF Value Based Purchasing

SNF VBP What???

- The Skilled Nursing Facility Value Based Purchasing program was developed to award incentive payments to SNFs by encouraging improvement in quality of care.
 - The incentive payments were first applied to SNF on October 1, 2018.
 - Incentive Payments are based on improvement and achievement.
 - Funding for this incentive is from the CMS 2% sequestration withheld on each Medicare Fee For Service Part A Claim.
 - CMS is required to redistribute between 50% and 70% of those funds to SNFs.
 - [Skilled Nursing Facility Value-Based Purchasing Program FY 2025 Fact Sheet](#)

SNF VBP Measures

- For the current Fiscal Year (FY 2025), the SNF VBP Program is based on one single measure:
 - SNF 30-Day All Cause Readmission Measure (SNFRM)

SNF VBP

- Baseline period: gathers data that will be used to calculate an improvement score.
 - Did the facility improve when compared to data from itself?
- Performance Period: utilizes data from the facility and compares to the National SNF performance to calculate an achievement score.
 - How does the center compare to other SNFs in the country.
- Note – SNFs must meet a case minimum (25 or more eligible stays during the performance period) or the SNF is excluded from SNF VBP. SNFs with fewer than 25 eligible stays during the baseline period only are included but are scored on achievement only.

SNF VBP Payment

- Sample VBP Report on Baseline performance

Table 1. Your SNF's Performance Across All Measures During the Baseline Period (FY 2022) of the FY 2026 Program Year

Quality Measure [a]	Measure Result Interpretation	Your SNF's Baseline Period Measure Result [b]	Your SNF's baseline period measure result is...[c]
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	A lower (↓) result indicates better performance	19.122%	equal to or better than 70% of SNFs nationwide
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	A lower (↓) result indicates better performance	6.757%	equal to or better than 49% of SNFs nationwide
Total Nursing Staff Turnover (Nursing Staff Turnover)	A lower (↓) result indicates better performance	56.897%	equal to or better than 34% of SNFs nationwide
Total Nursing Hours per Resident Day (Total Nurse Staffing)	A higher (↑) result indicates better performance	3.979 nursing hours per resident day	equal to or better than 65% of SNFs nationwide

SNF VBP Incentive Multiplier

- Sample Report with Incentive Multiplier

Table 1. Your SNF's Performance in the FY 2025 SNF VBP Program

Performance Information	FY 2025
Baseline Period Risk-Standardized Readmission Rate (RSRR) ^{1,2}	19.145%
Performance Period RSRR ²	19.730%
Achievement Score ²	31.97853
Improvement Score ^{1,2}	0.00000
Performance Score ²	31.97853
Program Rank ²	4,545
Incentive Payment Multiplier ²	0.9854260258

SNF VBP Updates

- Beginning FY 2027 (October 1, 2026), Discharge Function Score will be a new measure.
 - Baseline period: 10/1/2022 – 9/30/2023
 - **Performance Period: 10/1/2024 – 9/30/2025**

Discharge Planning

MDS Section GG Tasks

- Take into consideration the resident's ability to perform tasks prior to the current illness.
- What is the resident's discharge goal?
- What is their living situation prior to the current illness/hospitalization?
- What assistance does the resident have available upon discharge?

Best practices for coding Section GG

RAI Manual Instructions

- Usual Performance: How is the resident usually able to perform the task during the 3-day observation period?
- Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period. CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the assessment period.

Determining Usual Performance

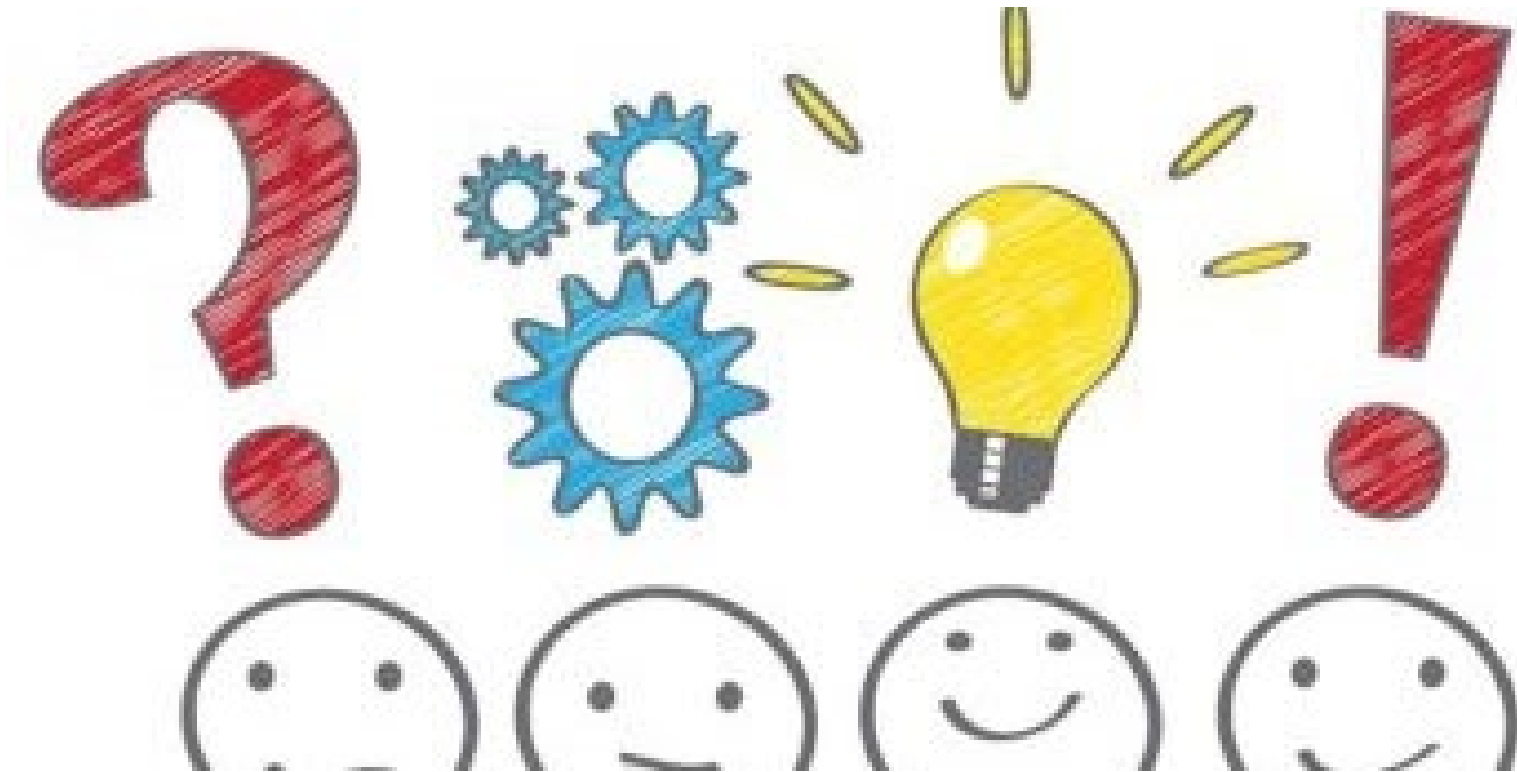
- Considerations:
 - Are the direct care staff documenting resident performance each day/each shift?
 - Car transfers?
 - Ambulation on uneven surfaces?
 - Steps?
 - Has your facility thought about monitoring for significant changes? (F637)
 - Is there a review of the daily therapy treatment notes?

Determining Usual Performance

- Is there an interdisciplinary discussion to determine usual performance?
 - Activities?
 - Dietary Staff?
 - Other nursing staff?
- Is there documentation in the medical records that supports usual performance as determined by the IDT?
 - May be useful if an audit is completed.

References

- [Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.19.1](#)
- [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) | CMS](#)
- [The Skilled Nursing Facility Value-Based Purchasing \(SNF VBP\) Program | CMS](#)
- [Five-Star Quality Rating System | CMS](#)



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