

MYERS AND STAUFFER LC PRESENT OBRA/PDPM MDS ITEMS EFFECTIVE 10/1/2020







BACKGROUND

CMS has updated the Minimum Data Set Version 3.0 (MDS 3.0) item sets (version 1.17.2) and related technical data specifications. The changes will support the calculation of Patient Driven Payment Model (PDPM) payment codes on Omnibus Budget Reconciliation Act (OBRA) assessments when not combined with a 5-day Prospective Payment System (PPS) assessment. This change will allow Connecticut to collect PDPM payment codes and, thereby, inform their future payment model.

MOVING FORWARD

Beginning October 1, 2020, Connecticut will require the completion and submission of specific MDS item set fields associated with PDPM on all OBRA nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions. These additional fields are located in Sections GG, I and J. This is a necessary step for Connecticut to begin evaluating the PDPM classification system and its viability as an alternative for the Resource Utilization Group-III/IV classification system that is used today as the basis for the case mix reimbursement system.

SECTION GG: FUNCTIONAL ABILITIES AND GOALS







- SELF-CARE (3-DAY ASSESSMENT PERIOD) (GG0130)
- ✓ If the State requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.

Performance Coding using 6-point scale:

- Code 06, <u>Independent</u>: resident completes activity by self with no assistance from helper.
- Code 05, <u>Setup or clean-up assistance</u>: helper sets up or cleans up; resident completes activity. Helper assists only prior to or following activity, but not during the activity,
- Code 04, <u>Supervision or touch assistance</u>: helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- Code 03, <u>Partial/moderate assistance</u>: helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

Performance Coding using 6-point scale, cont.:

- Code 02, <u>Substantial/maximal assistance</u>: helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs.
- Code 01, <u>Dependent</u>: helper does ALL of the effort. Resident does none of the effort to complete activity: or the assistance of two or more helpers is required.

Performance Coding using 6-point scale, cont.:

- Code 07, <u>Resident refused</u>: resident refused to complete activity.
- Code 09, Not applicable: activity was not attempted and resident did not perform activity prior to the current illness or injury.
- Code 10, Not attempted due to environmental limitations: activity was not attempted due to environmental limitations.
- Code 88, Not attempted due to medical condition or safety concerns: activity was not attempted due to medical condition or safety concerns.

Coding Tips:

- ✓ Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's <u>usual performance</u> during the assessment period.
- ✓ Do not record the staff's assessment of the resident's potential capability to perform the activity.
- ✓ If two or more helpers are required to assist the resident to complete the activity, code as <u>01</u>, <u>Dependent</u>.

Coding Tips:

- ✓ If the resident does not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, code the reason the activity was not attempted.
- ✓ To clarify your own understanding of the resident's performance of an activity, ask probing questions to staff about the resident, beginning with the general and proceeding to the more specific.

EATING (GG0130A)—OBRA/PDPM

Definition of 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 resident.
- ✓ Tube feedings and parenteral nutrition are not considered when coding this activity.



■ ORAL HYGIENE (GG0130B)—OBRA/PDPM

- Definition of 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.

■ TOILETING HYGIENE (GG0130C)— OBRA/PDPM

- Definition of 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.

■ SHOWER/BATHE SELF (GG0130E)--OBRA

- Definition of Shower/bathe self:
 - ✓ The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.



■ UPPER BODY DRESSING (GG0130F)--OBRA

- Definition of Upper body dressing:
- ✓ The ability to dress and undress above the waist; including fasteners, if applicable:
 - Includes bra, undershirt, T-shirt, button-down shirt, pullover shirt, dresses, sweatshirt, nightgown, sweater, pajama top, thoracic-lumbar-sacrum orthosis, abdominal binder, back brace, etc.
 - Upper body dressing <u>cannot</u> be assessed based solely on donning/doffing a hospital gown.
 - If the resident dresses him/herself and a helper retrieves or puts away the clothing, then code 05, Set-up or clean-up assistance.
 - Helper assistance with buttons and/or fasteners is considered touching assistance.

■ LOWER BODY DRESSING (GG0130G)--OBRA

- Definition of Lower body dressing:
- ✓ The ability to dress and undress below the waist; including fasteners, does not include footwear:
 - Helper assistance with buttons and/or fasteners is considered touching assistance.
 - Lower body dressing include underwear, incontinence brief, slacks, shorts, capri pants, pajama bottoms, skirts.
 - Lower body examples: knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis.

■ PUTTING ON/TAKING OFF FOOTWEAR (GG0130H)--OBRA

- Definition of Putting on/taking off footwear:
 - The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
 - Footwear examples: ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking boots, compression stockings.
 - Footwear includes socks, shoes, boots, and running shoes.

✓ If the State requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.

Performance Coding using 6-point scale:

- Code 06, <u>Independent</u>: resident completes activity by self with no assistance from helper.
- Code 05, <u>Setup or clean-up assistance</u>: helper sets up or cleans up; resident completes activity. Helper assists only prior to or following activity.
- Code 04, <u>Supervision or touch assistance</u>: helper provides verbal cues or touching/steading/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- Code 03, <u>Partial/moderate assistance</u>: helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs.

Performance Coding using 6-point scale, cont.:

- Code 02, <u>Substantial/maximal assistance</u>: helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs.
- Code 01, <u>Dependent</u>: helper does ALL of the effort. Resident does none of the effort to complete activity: or the assistance of two or more helpers is required.

Performance Coding using 6-point scale, cont.:

- Code 07, <u>Resident refused</u>: resident refused to complete activity.
- Code 09, Not applicable: activity was not attempted and resident did not perform activity prior to the current illness or injury.
- Code 10, Not attempted due to environmental limitations: activity was not attempted due to environmental limitations.
- Code 88, Not attempted due to medical condition or safety concerns: activity was not attempted due to medical condition or safety concerns.

Steps for Assessment:

- ✓ Assess the resident's mobility performance during the three-day assessment period.
- ✓ Residents should be allowed to perform activities as independently as possible.
- ✓ A "helper" is defined as facility staff who are direct employees and facility-contracted employees.
- ✓ A "helper" does <u>not</u> include individuals hired, compensated or not, by individuals outside the facility's management and administration.
- ✓ Activities may be completed with or without assistive device(s).

■ ROLL LEFT AND RIGHT (GG0170A)—OBRA

- Definition of 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.

- SIT TO LYING (GG0170B)—OBRA/PDPM
- Definition of Sit to lying:
 - The ability to move from sitting on side of bed to lying flat on the bed.

■ LYING TO SITTING ON SIDE OF BED (GG0170C)—OBRA/PDPM

- Definition of 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.
- ✓ Clinical judgment should be used to determine what is considered a "lying" position for a particular resident.
- ✓ If the resident's feet do not reach the floor upon lying to sitting, the clinician will determine if a bed height adjustment is required.
- ✓ Back support refers to an object or person providing support for the resident's back.
- ✓ If bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activities GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed as 88, Not attempted due to medical condition or safety concern.

■ SIT TO STAND (GG0170D)—OBRA/PDPM

Definition of Sit to stand:

- ✓ The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed:
- ✓ If a mechanical lift is used and two helpers are needed, then code 01, Dependent.

■ CHAIR/BED-TO-CHAIR TRANSFER (GG0170E)—OBRA/PDPM

- Definition of Chair/bed to chair transfer:
 - ✓ The ability to transfer to and from a bed to a chair (or wheelchair):
- Chair/bed-to-chair transfer begins with the resident sitting in a chair or wheelchair or sitting upright at the edge of the bed and returning to sitting in a chair or wheelchair or sitting upright at the edge of the bed.
- If a mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code as *01*, *Dependent*, even if the resident assists with any part of the chair/bed-to-chair transfer.

■ TOILET TRANSFER (GG0170F)—OBRA/PDPM

- Definition of Toilet transfer:
 - The ability to get on and off a toilet or commode.

- CAR TRANSFER (GG0170G)--OBRA
- Definition of Car transfer:
 - The ability to transfer in and out of a car or van on the passenger side. Does <u>not</u> include the ability to open/close door or seat belt.

■ WALK 10 FEET (GG0170I)—OBRA/PDPM

- Definition of Walk 10 feet:
 - ✓ Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
- GG0170I. If admission performance is coded 07, 09, 10, or 88, skip to GG0170M, 1 step curb.



■ WALK 50 FEET WITH 2 TURNS (GG0170J)— OBRA/PDPM

- Definition of Walk 50 feet with two turns:
 - Once standing, the ability to walk at least 50 feet and make two turns.
- WALK 150 FEET WITH 2 TURNS (GG0170K)—OBRA/PDPM
- Definition of Walk 150 feet:
 - Once standing, the ability to walk at least 150 feet in a corridor, or similar space.



■ WALKING 10 FEET ON UNEVEN SURFACES (GG0170L)--OBRA

Definition of Walking 10 feet on uneven surfaces:

✓ The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or

gravel.

■ 1 STEP (CURB) (GG0170M)--OBRA

- Definition of 1 step (curb): The ability to go up and down a curb and/or up and down one step.
 - ✓ Note the skip pattern:
 - If the resident's admission performance is coded 07, 09, 10, or 88; Skip to GG0170P, Picking up object.

■ 4 STEPS (GG0170N)--OBRA

- Definition of 4 steps: The ability to go up and down four steps with or without a rail.
 - ✓ Note the skip pattern:
 - If admission performance is coded 07, 09, 10, or 88; Skip to GG0170P, Picking up object.



- 12 STEPS (GG01700)--OBRA
- Definition of 12 steps: The ability to go up and down
 12 steps with or without a rail.
- PICKING UP OBJECT (GG0170P)--OBRA
- Definition of Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

■ DOES THE RESIDENT USE A WHEELCHAIR AND/OR SCOOTER? (GG0170Q1)--OBRA

- ✓ If the resident uses a wheelchair for self-mobility and is not exclusively transported by others using a wheelchair, then code the gateway wheelchair item GG0170Q1; Does the resident use a wheelchair and or scooter?
 - Code No, Skip to H0100, Appliances
 - Code Yes, Continue to GG0170R, Wheel 50 feet/2 turns





■ WHEEL 50 FEET WITH TWO TURNS (GG0170R)--OBRA

- Definition of Wheel 50 feet with two turns:
 - ✓ Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
- INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED (GG0170RR1)--OBRA
 - ✓ If the resident uses a wheelchair for self-mobility and is not exclusively transported by others using a wheelchair, then code the gateway wheelchair item GG0170RR1; Indicate the type of wheelchair and or scooter used.
 - 1. Manual.
 - 2. Motorized.

■ WHEEL 150 FEET (GG0170S)—OBRA

- Definition of Wheel 150 feet:
 - ✓ Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in corridor or similar space.

INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED (GG0170SS1)—OBRA

- ✓ If the resident uses a wheelchair for self-mobility and is not exclusively transported by others using a wheelchair, then code the gateway wheelchair item GG0170SS1; Indicate the type of wheelchair and or scooter used.
 - 1. Manual.
 - 2. Motorized.

SECTION I: ACTIVE DIAGNOSIS









■ INDICATE THE RESIDENT'S PRIMARY MEDICAL CONDITION CATEGORY (10020)—OBRA/PDPM

Complete only if A0310B=01 or if state requires with an OBRA assessment.

Section I	Active Diagnoses
10020. Indicate the resident Complete only if A0310B = 01	or 08
O1. Stroke O2. Non-Traumatic Brain O4. Non-Traumatic Spina O5. Traumatic Spina O6. Progressive Neu O7. Other Neurologi O8. Amputation O9. Hip and Knee Re 10. Fractures and Of 11. Other Orthoped	Dysfunction Spinal Cord Dysfunction Il Cord Dysfunction rological Conditions cal Conditions ther Multiple Trauma ic Conditions respiratory Conditions

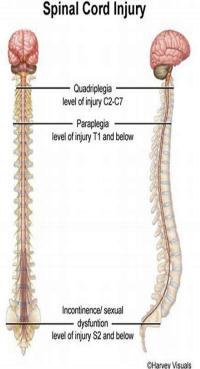
■ INDICATE THE RESIDENT'S PRIMARY MEDICAL CONDITION CATEGORY (10020)

- ✓ Indicate the resident's primary medical condition category that best describes the primary reason for Medicare Part A stay.
- ✓ Complete only if PPS 5-day, IPA assessment or if state requires completion with an OBRA assessment.
 - Then proceed to I0020B and enter the ICD code for that condition, including the decimal.
 - SNFs should <u>not</u> use acute diagnosis in l0020B.
 - Sequelae and other such codes should be used instead.

■ CODING INSTRUCTIONS (10020)

- Code 01. Stroke
- Code 02. Non-Traumatic Brain Dysfunction
- Code 03. Traumatic Brain Dysfunction
- Code 04. Non-Traumatic Spinal Cord Dysfunction
- Code 05. Traumatic Spinal Cord Dysfunction
- Code 06. Progressive Neurological Conditions
- Code 07. Other Neurological Conditions
- Code 08. Amputation
- Code 09. Hip and Knee Replacement
- Code 10. Fractures and Other Multiple Trauma

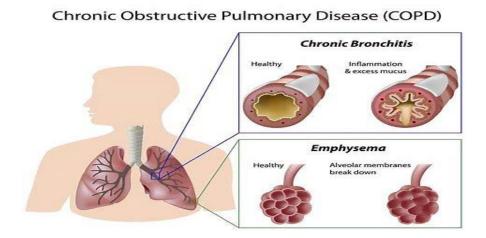




■ CODING INSTRUCTIONS (10020)

- Code 11. Other Orthopedic Conditions
- Code 12. Debility, Cardiorespiratory Conditions
- Code 13. Medically Complex Conditions

10020B. ICD Code



SECTION J: HEALTH CONDITIONS







■ RECENT SURGERY REQUIRING ACTIVE SNF CARE (J2100)—OBRA/PDPM

✓ Complete only if PPS 5-day, Interim Payment assessment or if

state requires completion with an OBRA.

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

- Code 0, No
- Code 1, Yes
- Code 8, Unknown
- ✓ Generally, major surgery refers to a procedure that meets the following criteria:
 - Was a hospital inpatient for at least one day in the last 30 days prior to admission to the SNF, AND
 - Surgery carried some degree of risk to the resident's life or the potential for severe disability.

■ SURGICAL PROCEDURES (J2300-J5000)

- Check all surgeries that:
 - Are documented by the physician to have occurred in the last 30 days.
 - Occurred during the inpatient stay that immediately preceded the resident's Part A admission.
 - Have a direct relationship to the resident's primary SNF diagnosis, as coded in I0020B.
 - Drive the resident's plan of care during the 7-day look-back period.
 - Surgeries must have been documented by a physician, NP, PA, or clinical nurse specialist.
 - Resident information communicated verbally must be documented in the medical record by the physician to ensure follow-up.
 - Do not include conditions that have been resolved, as these would be considered surgeries that do not require active care during the SNF stay.

■ RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2300-J2599)—OBRA/PDPM

Surgical Procedures – Complete only if J2100 = 1 Check all that apply:

Major .	Joint Repla	acements
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J2300	Knee Replacement – partial or total
J2310	Hip Replacement – partial or total
J2320	Ankle Replacement – partial or total
J2330	Shoulder Replacement – partial or total



Spinal Surgery

J2400	Spinal cord or major spinal nerves
J2410	Fusion of spinal bones
J2420	Lamina, discs, or facets
J2499	Spinal surgery - Other



Other Orthopedic Surgery

J2500	Repair fractures of shoulder or arm
J2510	Repair fractures of the pelvis, hip, leg, knee, or ankle
J2520	Repair but not replace joints
J2530	Repair other bones
J2599	Orthopedic surgery- Other



■ RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2600-J2899)—OBRA/PDPM

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Surgical Procedures – Com	plete only if $12100 = 1$	Check all that annive
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Surgical Procedures – Complete only if 32100 = 1. Check all that apply.		
Neurological S	Surgery	
J2600	Brain, surrounding tissue, or blood vessels	
J2610	Peripheral or autonomic nervous system (open or percutaneous)	
J2620	Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices	
J2699	Neurological surgery - Other	
Cardiopulmon	ary Surgery	
J2700	Heart or major blood vessels – open or percutaneous procedures	
J2710	Respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open or endoscopic	
J2799	Cardiopulmonary surgery - Other	
Genitourinary	Surgery	
J2800	Male or female organs	
J2810	Kidneys, ureters, adrenal glands, or bladder – open or laparoscopic	
J2899	Other major genitourinary surgery	

■ RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2900-J5000)—OBRA/PDPM

Surgical Procedures – Complete only if J2100 = 1 Check all that apply:

Major Surgery			
J2900	Tendons, ligaments, or muscles		
J2910	Gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas or spleen – open or laparoscopic		
J2920	Endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus – open		
J2930	The breast		
J2940	Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant		
J5000	Other major surgery not listed above	Before After	

THANK YOU!

