NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Operationalizing the October 1, 2023 MDS Changes and What You Need to Know and Why You Should Care!

Part 4

November 14, 2023

Speakers:
- **Leigh Ann Frick, PT, MBA, RAC-CT, PNAP**
  - **President, Care Navigation Consulting, LLC**
- **Sabrena McCarley, MBA-SL, OTR/L, CLIPP, RAC-CT, QCP, FAOTA, RAC-CTA**
  - **Director of Clinical Reimbursement, Transitional Care Management**

1

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Housekeeping Reminders

- All attendees are on mute
- Handouts were provided in the reminder email for this webinar sent 1 hour ago
- **Questions for Speakers:** submit them using the Q&A button on the attendee control panel
- **Technical Questions:** submit them using the Chat button on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; posted for NARA Members on the Portal within 24 hours

2

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Disclaimer

The information shared in today's presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

3

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Agenda

- Technical Issues
  - iQIES
  - EHRs; PCC
- CMS QM Notice
- Most recent Errata Document Details
  - Section D Mood
  - Section O Therapies
- Oxygen Therapy
- Pain Question and Therapy
- OSA Updates
- Section GG
- Questions

4

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

iQIES Known Issue Function Score

INC0215697, INC0215718, INC0215732, INC0215752	Open	Assessments	MDS	An issue has been identified where the submitted value of the HIPPS/PDPM code does not match the value calculated by the iQIES system. For assessments with A0310A = 2-6 AND A0310B = 99; the nursing and pt_ot function score is showing zero. CMS is actively working to resolve this issue.	10/12/2023

https://iqies.cms.gov/known-issues

5

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

PCC Known Issue

In Progress

Section GG (for states requiring PDPM items on OBRA assessments)	On OBRA assessments, the function score is not showing the correct calculation for assessments with an ARD 10/1/23 or later.	Complete and submit the assessments.	**CMS known issue. See this resource.** After CMS updates the grouper, they will recalculate the affected assessments for states using PDPM and provide a report with the recalculations for each Provider in the Provider's folder in iQIES.

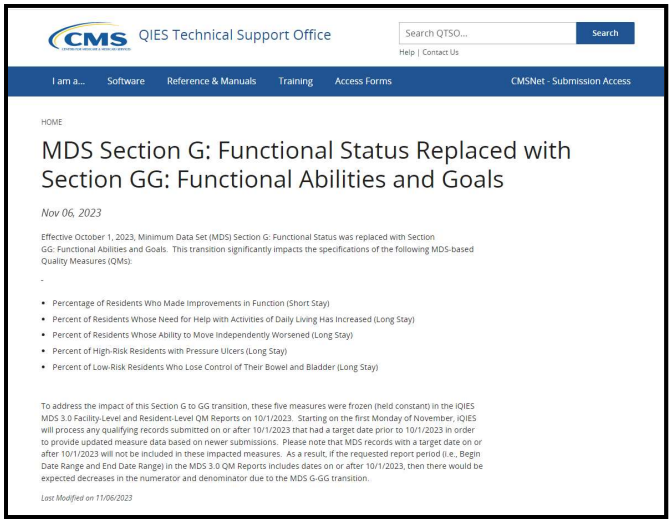
https://www26.pointclickcare.com/pccwebsite/Resourcecenter/pdfs/MDS_3_Communication_October_2023.pdf

6

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

CMS QM Notice
November 6, 2023 Update



https://qtso.cms.gov/news-and-updates/mds-section-g-functional-status-replaced-section-gg-functional-abilities-and-goals

7

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

MDS Section G: Functional Status Replaced with Section GG: Functional Abilities and Goals

Nov 06, 2023

Effective October 1, 2023, Minimum Data Set (MDS) Section G: Functional Status was replaced with Section GG: Functional Abilities and Goals. This transition significantly impacts the specifications of the following MDS-based Quality Measures (QMs):

- Percentage of Residents Who Made Improvements in Function (Short Stay)
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)
- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Low-Risk Residents Who Lose Control of Their Bowel and Bladder (Long Stay)
-

To address the impact of this Section G to GG transition, these five measures were frozen (held constant) in the iQIES MDS 3.0 Facility-Level and Resident-Level QM Reports on 10/1/2023. Starting on the first Monday of November, iQIES will process any qualifying records submitted on or after 10/1/2023 that had a target date prior to 10/1/2023 in order to provide updated measure data based on newer submissions. Please note that MDS records with a target date on or after 10/1/2023 will not be included in these impacted measures. As a result, if the requested report period (i.e., Begin Date Range and End Date Range) in the MDS 3.0 QM Reports includes dates on or after 10/1/2023, then there would be expected decreases in the numerator and denominator due to the MDS G-GG transition.

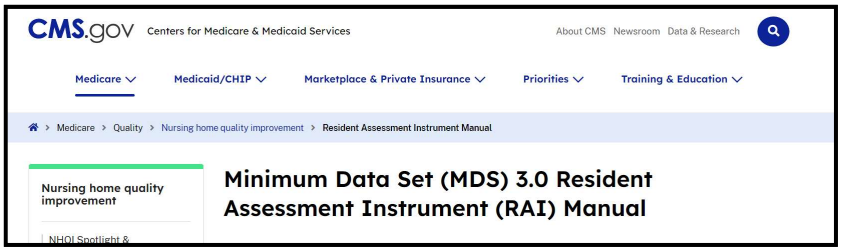
Last Modified on 11/06/2023

8

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

MDS 3.0 RAI Manual version (v)1.18.11R Errata 10/23/23 Announcement



https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

9

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Downloads

Appendix B_October 2023 (PDF)

Changes to Appendix B_October 2023 (PDF)

MDS3.0RAIManualv1.18.11R.Errata.v2.October.20.2023 (PDF)

MDS 3.0 RAI User's Manual (v1.18.11R) Errata (v2)

Effective October 01, 2023

Errata History

Date	Changes Made
09/08/2023	Issues 1–3 were added.
10/20/2023	Issues 4–21 were added.

Issue ID	Issue	Resolution
1	On page 4-23, the CAT 6. Urinary Incontinence and Indwelling Catheter triggering conditions within the CAT Logic Table needed to be updated to properly align with the up-to-date CAT specifications.	On page 4-23, aligned CAA triggering condition 1 for CAT 6. Urinary Incontinence and Indwelling Catheter with CAT specifications. **Urinary Incontinence and Indwelling Catheter CAT Logic Table** **Triggering Conditions (any of the following):**

10

NARA The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Updates

- The PDF file labeled "MDS3.0RAIManualv1.18.11R.Errata.v2.October.20.2023" is now available in the Downloads section on the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual page. The errata document contains revisions to the *MDS 3.0 RAI Manual* version (v)1.18.11R to provide clarity and additional guidance in Section D and Chapter 6 to support item D0100, Should Resident Mood Interview be Conducted? serving as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). Minor revisions also included are corrections to language in Section Q to provide proper guidance on Care Area Assessment (CAA) requirements, corrections to language in Chapter 2 to provide proper guidance on combining Omnibus Budget Reconciliation Act (OBRA) discharge assessments, an updated Internet Quality Improvement & Evaluation System (iQIES) warning error message in Chapter 5, updated screenshots in Section A and Section O, and an updated MDS Item Matrix. The errata document also includes all issues from previous *MDS 3.0 RAI Manual* v1.18.11R errata releases.
- Changed manual pages are marked with the footer "October 2023 (R)."
- The errata document begins with a table that lists all identified revisions and the pages to which they have been applied. Following the table are the actual corrected replacement pages for insertion into the printed manual.

11

NARA The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section D: Mood

3	On page D-11, the Coding Instructions for D0160: Total Severity Score needed to be updated to remove that the Staff Assessment of Mood is conducted when the Total Severity Score is coded as "99."	On page D-11 under Coding Instructions bullet 4, removed the guidance to complete the Staff Assessment of Mood when the Total Severity Score is coded as "99." • If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as "99," ~~and~~do not complete the **Staff Assessment of Mood**, ~~should be conducted, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then~~and skip to D0700-, Social Isolation.

12

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section D: Mood

Issue ID	Issue	Resolution
5	On page D-2, the "Coding Tips and Special Populations" for Item D0100: Should Resident Mood Interview be Conducted? needed to be updated to provide additional guidance.	On page D-2, under "Coding Tips and Special Populations," a new bullet 2 was added to provide additional guidance. • D0100 serves as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). The assessor will complete the Staff Assessment only when D0100 is coded 0, No. The assessor does not complete the Staff Assessment based on resident performance during the Resident Mood Interview.
6	On page D-3, the "Coding Tips and Special Populations" for Item D0100: Should Resident Mood Interview be Conducted? needed to be updated to provide additional guidance.	On page D-3, a new bullet 3 (bullet 7 under "Coding Tips and Special Populations") was added to provide additional guidance. • Resident refusal or unwillingness to participate in the interview would result in Item D0100 being coded 1, Yes, and code 9, No response being entered in Column 1. Symptom Presence. Assessors should proceed to Item D0700, Social Isolation in the case of resident refusal or unwillingness to participate.

13

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section D: Mood

Coding Tips and Special Populations

- Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.
- *D0100 serves as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). The assessor will complete the Staff Assessment only when D0100 is coded 0, No. The assessor does not complete the Staff Assessment based on resident performance during the Resident Mood Interview.*
- If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-2 to 9© interview. If it is not possible for a needed interpreter to be present on the day of the interview, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500-D0600, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.
- Includes residents who use American Sign Language (ASL).

14

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section O: Therapies

13	On pages O-19, O-20, O-37, and O-38, the screenshots for Item O0400: Therapies needed to be updated to reflect the removal of the completion language.	On pages O-19, O-20, O-37, and O-38, the screenshots were replaced for Item O0400: Therapies with the updated item including the removal of the completion language, "Complete only when A0310B = 01 (complete O0400D2 when required by state)."
14	On page O-39, the screenshot for Item O0420: Distinct Calendar Days of Therapy needed to be updated to reflect the removal of the completion language.	On page O-39, the screenshot was replaced for Item O0420: Distinct Calendar Days of Therapy with the updated item including the removal of the completion language, "Complete only when A0310B = 01."

15

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section O: Therapies

O0400: Therapies

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date

Enter Number of Minutes ☐☐☐☐

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days ☐

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

16

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section O: O0110C1, Oxygen Therapy

- Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item. Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here. Do not code hyperbaric oxygen for wound therapy in this item. This item may be coded if the resident places or removes *their* own oxygen mask, cannula.
  - ***O0110C2, Continuous***
    - ***Check if oxygen therapy was continuously delivered for 14 hours or greater per day.***
  - ***O0110C3, Intermittent***
    - *Check if oxygen therapy was intermittent (i.e., not delivered continuously for at least 14 hours per day).*
  - ***O0110C4, High-concentration***
    - *Check if oxygen therapy was provided via a high-concentration delivery system. A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a fraction of inspired oxygen FiO2 of 40% (i.e., exceeding that of simple low-flow nasal cannula at a flow rate of 4 liters per minute).*
    - *A high-concentration delivery system can include either high- or low-flow systems (e.g., simple face masks, partial and nonrebreather masks, face tents, venturi masks, aerosol masks, and high-flow cannula or masks).*
    - *These devices may also include invasive mechanical ventilators, non-invasive mechanical ventilators, or trach masks, if the delivered FiO2 of these systems exceeds 40%.*
    - *Oxygen-conserving nasal cannula systems with reservoirs (e.g., mustache, pendant) should be included only if they are used to deliver an FiO2 of greater than 40%.*

17

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

J0520: Pain Interference with Therapy Activities

J0520: Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities

Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"***

0. Does not apply - I have not received rehabilitation therapy in the past 5 days
1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

- ***DEFINITION***
  - ***REHABILITATION THERAPY***
    - *Special healthcare services or programs that help a person regain physical, mental, and/or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury, or treatment. Can include, for example, physical therapy, occupational therapy, speech therapy, and cardiac and pulmonary therapies.*

18

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

OSA

Resident _____ Identifier _____ Date _____

Section G - Functional Status

G0110. Activities of Daily Living (ADL) Assistance

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - ☐ When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - ☐ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

1. **ADL Self-Performance**
Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

2. **ADL Support Provided**
Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

Coding:

Activity Occurred 3 or More Times
0. **Independent** - no help or staff oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
4. **Total dependence** - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times
7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff

Coding:
0. **No** setup or physical help from staff
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist
8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
A. **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	☐	☐
B. **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	☐	☐
H. **Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I. **Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐

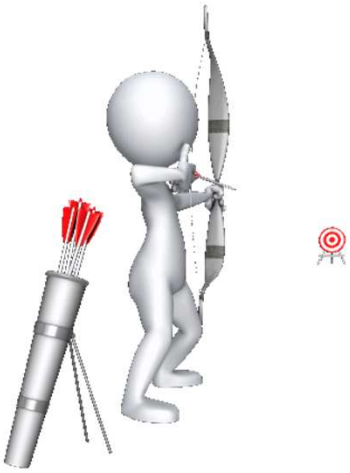
- Remember…**ONLY** the late loss ADLs remain in Section G:
  - Bed mobility
  - Eating
  - Toilet use
  - Transfers
- Cannot be combined with any other assessment
- Will have PHQ9
- States may or may not require ARD to match PPS Assessment
- Have CNAs documentation specific to Section G

19

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section GG



20

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Section GG Definitions

- **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.
- **Qualified Clinician:** Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.
- ***Prior to the Benefit of Interventions: Means prior to provision of any care by facility staff that would result in more independent coding.***

21

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Tips for Coding the Resident's Usual Performance

- When coding the resident's usual performance, "effort" refers to the type and amount of assistance a helper provides in order for the activity to be completed. The six-point rating scale definitions include the following types of assistance: setup/cleanup, touching assistance, verbal cueing, and lifting assistance.
- 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 during the assessment period.
- Code based on the resident's performance. Do not record the staff's assessment of the resident's potential capability to perform the activity.
- If the resident performs the activity more than once during the assessment period and the resident's performance varies, coding in Section GG should be based on the resident's "usual performance," which is identified as the resident's usual activity/performance for any of the Self-Care or Mobility activities, not the most independent or dependent performance over the assessment period. Therefore, if the resident's Self-Care performance varies during the assessment period, report the resident's usual performance, not the resident's most independent performance and not the resident's most dependent performance. A provider may need to use the entire assessment period to obtain the resident's usual performance.

22

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Coding Tips-General Coding Tips

- A dash ("-") indicates "No information." CMS expects dash use to be a rare occurrence.
- Documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations.

23

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

GG Process must include:

- Each discipline comes to the meeting with their proposed "SCORES"
- IDT review and discussion of GG documentation and make a collaborative determination of USUAL performance
- DOCUMENT that discussion in the medical record to support scoring

24

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Should Section GG documentation and therapy documentation match?

- Section GG documentation must follow RAI instructions and is provided as part of the IDT assessment for consideration in MDS coding.
- Does therapy documentation follow typical therapy scale? (Dependent, MaxA, ModA, MinA, CGA, SBA, I)

25

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

GG Coding, Getting it Right

- What is the intent?
  - It is clear that CMS wants an IDT approach, with assessment information coming from multiple data sources at beginning and end of the stay for Part A and within the 3 days on other assessments.
  - What is the resident's starting point? What is the resident's ending point? Did they get better? How much better?
  - If any of that data is inaccurate or incomplete….then so is the true picture of what happened during the stay!

26

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

GG Coding, Getting it Right

- If ONLY therapy…
  - Not an IDT approach
  - May be skewed, better or worse
  - Limited timeframe of assessment; point in time during evaluation
  - What about how the resident does on 2nd or 3rd shift? The other 22 hours of the day? Across the 3 days?
  - What if therapy isn't involved? (Part A…it could happen, LTC patients…likely to happen) **A person isn't a process, and a process should NOT be a person!**

27

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

GG Coding, Getting it Right

- How to get nursing involved?
  - Build GG into the nursing admission assessment
  - Establish a dedicated Section GG assessor
  - Ask the floor nurses to document for Section GG
  - Consider using CNAs as an interview source, not a documentation source
    - When the resident comes from lying to sitting edge of bed, how much assistance do they need?
  - What about Agency staff? If high agency CNAs, use floor nurses for GG. If high agency nurses, train CNAs on documentation for GG. If high agency for both, designate an assessor.

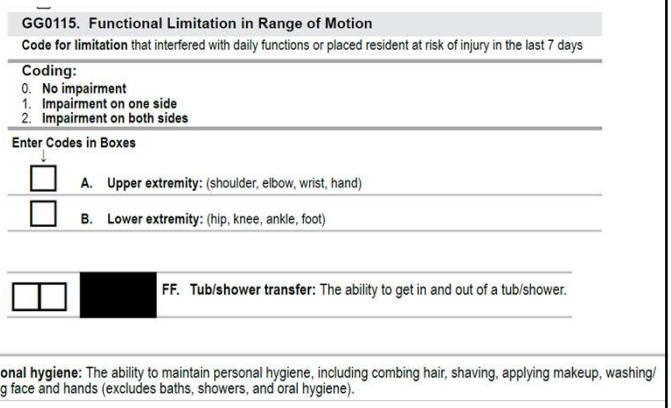
28

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

What about other items?

- Any information that is being used as a contribution to the MDS, needs to follow the RAI guidance.
- The ROM question on the MDS is not detailed, this may differ from our ROM information on our evaluations.



GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

Coding:
0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

Enter Codes in Boxes

☐ A. **Upper extremity:** (shoulder, elbow, wrist, hand)

☐ B. **Lower extremity:** (hip, knee, ankle, foot)

☐☐ [redacted] FF. **Tub/shower transfer:** The ability to get in and out of a tub/shower.

☐☐ [redacted] I. **Personal hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

29

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Multiple disciplines collecting BIMS and PHQ?

- Risks?
- Different results?
- How do you code?

30

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Discharge Function Measure

- Replaces Change in Self Care and Change in Mobility
- Observed vs. Expected
- The expected discharge function score is determined by applying the regression equation determined from risk adjustment to each SNF stay. Risk adjustment controls for resident characteristics such as admission function score, age, and clinical conditions. Refer to Section 3.6 for details on risk adjustment.
- How do we know what the target is? How close we got?

31

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

32

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

References

- https://qtso.cms.gov/news-and-updates/mds-section-g-functional-status-replaced-section-gg-functional-abilities-and-goals
- AAPACN Article; Section GG: What It Takes to Get the Coding Right https://www.aapacn.org/article/section-gg-what-it-takes-to-get-the-coding-right/
- Discharge Function Score: https://www.cms.gov/files/document/snf-discharge-function-score-technical-report-february-2023.pdf-0
- https://iqies.cms.gov/known-issues
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

33