

## **Swing Bed MDS Section GG Pre-Hospitalization Prior Functioning**

**Information is based on the CMS MDS/RAI manual updated for October 1, 2018 and the CMS 2018 RAI Manual User's Manual Provider Update training as well as adjusted for SB or developed by consultant.**

### **Self-Care:**

**Example 1:** Ms. R was admitted to an acute care facility after sustaining a right hip fracture and subsequently admitted to SF for rehabilitation. Prior to the hip fracture, Ms. R was independent in eating, bathing, dressing, and using the toilet. Ms. R used a raised toilet seat because of arthritis in both knee joints. Both she and her family indicated that there were no safety concerns when she performed these everyday activities in her home.

- **Coding:** GG0100A would be coded 3, Independent.
- **Rationale:** Prior to her hip fracture, the patient completed the self-care tasks of eating, bathing, dressing, and using the toilet safely without any assistance from a helper. The patient may use an assistive device, such as a raised toilet seat, and still be coded as independent.

**Example 2:** Mr. T was admitted to an acute care facility after sustaining a stroke and subsequently admitted to SB for rehabilitation. Prior to the stroke, Mr. T was independent in eating and using the toilet; however, Mr. T required assistance for bathing and putting on and taking off his shoes and socks. The assistance needed was due to severe arthritic lumbar pain upon bending, which limited his ability to access his feet.

- **Coding:** GG0100A would be coded 2, Needed Some Help.
- **Rationale:** Mr. T needed partial assistance from a helper to complete the activities of bathing and dressing. While Mr. T did not need help for all self-care activities, he did need some help. Code 2 is used to indicate that Mr. T needed some help for self-care.

**Example 3:** Mr. R was diagnosed with a progressive neurologic condition five years ago. He lives in a long-term nursing facility and was recently hospitalized for surgery and has now been admitted to SB for skilled services. According to Mr. R's wife, prior to the surgery, Mr. R required complete assistance with self-care activities, including eating, bathing, dressing, and using the toilet.

- **Coding:** GG0100A would be coded 1, Dependent.
- **Rationale:** Mr. R's wife has reported that Mr. R was completely dependent in self-care activities that included eating, bathing, dressing, and using the toilet. Code 1, Dependent, is appropriate based upon this information.

**Example 4:** Mr. F was admitted with a diagnosis of stroke and a severe communication disorder and is unable to communicate with staff using alternative communication devices. Mr. F had been living alone prior to admission. The staff has not been successful in contacting either Mr. F's family or his friends. Mr. F's prior self-care abilities are unknown.

- **Coding:** GG0100A would be coded 8, Unknown.
- **Rationale:** Attempts to seek information regarding Mr. F's prior functioning were made; however, no information was available. This item is coded 8, Unknown.

\*\*\*\*\*

### **Indoor Mobility (Ambulation):**

**Example 1:** Mr. C was admitted to an acute care hospital after experiencing a stroke. Prior to admission, he used a cane to walk from room to room. In the morning, Mr. C's wife would provide steadying assistance to Mr. C when he walked from room to room because of joint stiffness and severe arthritis pain. Occasionally, Mr. C required steadying assistance during the day when walking from room to room.

- **Coding:** GG0100B would be coded 2, Needed Some Help.
- **Rationale:** The patient needed some assistance (steadying assistance) from his wife to complete the activity of walking in the home.

**Example 2:** Approximately three months ago, Mr. K had a cardiac event that resulted in anoxia, and subsequently a swallowing disorder. Mr. K has been living at home with his wife and developed aspiration pneumonia. After this most recent hospitalization, he was admitted to the SB for aspiration pneumonia and severe deconditioning. Prior to the most recent acute care hospitalization, Mr. K needed some assistance when walking.

- **Coding:** GG0100B would be coded 2, Needed Some Help.
- **Rationale:** While the patient experienced a cardiac event three months ago, he recently had an exacerbation of a prior condition that required care in an acute care hospital and skilled nursing facility. The patient's prior functioning is based on the time immediately before his most recent condition exacerbation that required acute care.

**Example 3:** Mrs. L had a stroke one year ago that resulted in her using a wheelchair to self-mobilize, as she was unable to walk. Mrs. L subsequently had a second stroke and was transferred from an acute care unit to the SNF for skilled services.

- **Coding:** GG0100B would be coded 9, Not Applicable.
- **Rationale:** The patient did not ambulate immediately prior to the current illness, injury, or exacerbation (the second stroke).

\*\*\*\*\*

### **Stairs:**

**Example 1:** Prior to admission to the hospital for bilateral knee surgery, followed by his recent admission to the SNF for rehabilitation, Mr. V experienced severe knee pain upon ascending and particularly descending his internal and external stairs at home. Mr. V required assistance from his wife when using the stairs to steady him in the event his left knee would buckle. Mr. V's wife was interviewed about her husband's functioning prior to admission, and the therapist noted Mr. V's prior functional level information in his medical record.

- **Coding:** GG0100C would be coded 2, Needed Some Help.
- **Rationale:** Prior to admission, Mr. V required some help in order to manage internal and external stairs.

**Example 2:** Mrs. E lived alone prior to her hospitalization for sepsis and has early stage multiple sclerosis. She has now been admitted to SB for rehabilitation as a result of deconditioning. Mrs. E reports that she used a straight cane to ascend and descend her indoor stairs at home and small staircases within her community. Mrs. E reports that she did not require any human assistance with the activity of using stairs prior to her admission.

- **Coding:** GG0100C would be coded 3, Independent.
- **Rationale:** Mrs. E reported that prior to admission, she was independent in using her internal stairs and the use of small staircases in her community. (with or without device is not considered)

**Example 3:** Mr. P has expressive aphasia and difficulty communicating. SB staff have not received any response to their phone messages to Mr. P's family members requesting a return call. Mr. P has not received any visitors since his admission. The medical record from his prior facility does not indicate Mr. P's prior functioning. There is no information to code item GG0100C, but there have been attempts at seeking this information.

- **Coding:** GG0100C would be coded 8, Unknown.
- **Rationale:** Attempts were made to seek information regarding Mr. P's prior functioning; however, no information was available.

\*\*\*\*\*

### **Functional Cognition:**

**Example 1:** Mr. K has mild dementia and recently sustained a fall resulting in complex multiple fractures requiring multiple surgeries. Mr. K has been admitted to SB for rehabilitation. Mr. K's caregiver reports that when living at home, Mr. K needed reminders to take his medications on time, manage his money, and plan tasks, especially when he was fatigued.

- **Coding:** GG0100D would be coded 2, Needed Some Help.
- **Rationale:** Mr. K required some help to recall, perform, and plan regular daily activities as a result of cognitive impairment.

**Example 2:** Ms. L recently sustained a brain injury from a fall at home. Prior to her recent hospitalization, she had been living in an apartment by herself. Ms. L's cognition is currently impaired. Ms. L's cousin, who had visited her frequently prior to her recent hospitalization, indicated that Ms. L did not require any help with taking her prescribed medications, planning her daily activities, and managing money when shopping.

- **Coding:** GG0100D would be coded 3, Independent.
- **Rationale:** Ms. L's cousin, who frequently visited Ms. L prior to her sustaining a brain injury, reported that Ms. L was independent in taking her prescribed medications, planning her daily activities, and managing money when shopping, indicating her independence in using memory and problem-solving skills.

**Example 3:** Mrs. R had a stroke, resulting in a severe communication disorder. Her family members have not returned phone calls requesting information about Mrs. R's prior functional status, and her medical records do not include information about her functional cognition prior to the stroke.

- **Coding:** GG0100D would be coded 8, Unknown.
- **Rationale:** Attempts to seek information regarding Mrs. R's prior functioning were made; however, no information was available.

**Example 4:** Mr. A lives alone at home and independent. He was admitted to acute care with a pneumonia after spending a week barely getting off the cough and very diminished oral intake. He was admitted to SB to complete IV antibiotic treatment course and therapy to help him regain his strength to ensure a safe and sustainable return home. Mr. A's daughter reports that she comes over weekly to assist him with making a grocery list based on his meal plan to ensure that he has what he needs. She also prepares his medication for the week divided by time of day/day per week so that he will not forget to take his meds.

- **Coding:** GG0100D would be coded 2 – needing some assistance
- **Rationale:** Mr. A's daughter helps him with his grocery list and medication

What if Mr. A could make his grocery list based on what he plans to cook that week and did not need help with his medication. But, he no longer drives and has the local store do his grocery based on what he requested and deliver his groceries?

- **Coding:** GG0100D would be coded 1, Independent.
- **Rationale:** This section is measuring the functional cognition and not the physical aspect of the task

