

PDGM Executive Summary:

Section GG

One of the changes made to OASIS-D, effective 01/01/2019, was to ensure adherence to the IMPACT (Improving Medicare Post-Acute Care Transformation) Act of 2014. Included in this was the requirement of the use of standardized PAC (post-acute care) assessments across different care settings. The new OASIS-D section GG: Functional Abilities and Goals is one example of how this requirement is met. Specifically, data collected from Section GG within OASIS-D includes responses to GG0100 Prior Functioning: Everyday Activities; GG0110 Prior Device Use; GG0130 Self-Care and GG0170 Mobility.

GG0100 Prior Functioning: Everyday Activities asks to record a patient's ability with everyday activities prior to the current illness, exacerbation or injury for self-care, indoor mobility (ambulation), stairs and functional cognition.

GG0110 Prior Device Use captures the devices and aids used by the patient, also prior to the current illness, exacerbation or injury.

GG0130 Self-Care asks for recoding of the patient's usual performance at SOC/ROC for various activities using a 6-point scale. If the activity was not performed at SOC / ROC the reason why is to be coded. The activities included in GG0130 are:

- Eating
- Oral hygiene
- Toileting hygiene
- Showering/bathing self

GG0170 Mobility asks that the patient's usual performance at SOC/ROC for each activity is coded using a 6-point scale. The activities within GG0170 include:

- Rolling left and right •
- Sitting to lying
- Lying to sitting on the side of the bed
- Sit to stand .
- Chair/bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walking 10' •
- Walking 50' with 2 turns

Putting on/taking off footwear

Walking 10' on uneven surface

Upper body dressing

Lower body dressing

- 1 step (curb)
- 4 steps
- 12 steps
- Picking up an object
- Use of a wheelchair and/or scooter
- The ability to wheel 50' with 2 turns
- The type of wheelchair or scooter used
- Ability to wheel 150'

It is significant to point out that the scoring of GG0130 and GG0170 is reverse from what clinicians were likely used to from previous OASIS scoring. With these GG items, the higher the OASIS score, or number, the more independent the patient is with a certain task.

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For example, on OASIS item M1850 Transferring, a score of 0 indicates that a patient is able to transfer independently. For OASIS items GG0130 and GG0170 the scoring is as follows:

- 06 = Independent
- 05 = Setup or clean-up assistance
- 04 = Supervision or touching assistance
- 03 = Partial / moderate assistance
- 02 = Substantial / maximal assistance
- 01 = Dependent
- 07 = Patient refused

- 09 = Not applicable; Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury
- 10 = Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88 = Not attempted due to medical conditions or safety concerns

Another new concept within items GG0130 and GG0170 is the need to enter anticipated discharge goals for each activity. To ensure optimal plan of care development through interdisciplinary collaboration and communication, it is vital that all SOC clinicians and evaluating therapists understand and demonstrate accurate OASIS scoring. A strong inter-disciplinary case conference process and an accurate tracking and reporting system will ensure optimal and individualized care plan development for each patient. This collaboration also supports CMS' expansion of the One Clinician Convention which went into effect January 1, 2018. This allows the clinician completing the OASIS time point assessment to elicit feedback from other agency staff in order to complete any or all OASIS items within the Comprehensive Assessment. As such, M0090 is utilized to reflect the last day the assessing clinician gathered and received any input to complete the assessment.

It is important that clinicians understand the scoring requirements of the OASIS especially as Home Health shifts to the PDGM reimbursement methodology effective January 1, 2020. In the future, there is a possibility that Section GG will replace the current OASIS M items for assessing Functional Impairments. PDPM, effective 10/1/2019 uses Section GG items for reimbursement purposes.

OASIS resources include the OASIS-D Guidance Manual and the OASIS Q & A's. These are available within the Home Health Quality Reporting Program and QIES Technical Support Office (QTSO) websites:

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/ HHQIOASISUserManual.html
- https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals

Each OASIS item should be considered individually and coded based on the guidance provided for that item. Consistency may not be seen between a patient's OASIS "M" and "GG" function codes. In fact, CMS has offered guidance in this area by stating in the Understanding OASIS Function M & GG Item Coding FAQ document, that "the intention is not for the codes on the GG and M items to be duplicative or always 'match'. Each OASIS item should be considered individually and coded based on the guidance specific to that item." Accurate scoring depends on thoroughly understanding the scoring criteria for each response option.

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