

Functional Outcomes Improvement

MODULE 2



1

Objectives

- Explore the regulations regarding functional outcomes.
- Review the Requirements of Participation.
- Describe the MedPAC, Impact ACT, and CMS call for functional improvement measures.
- Discuss functional outcomes and the impact on reimbursement.



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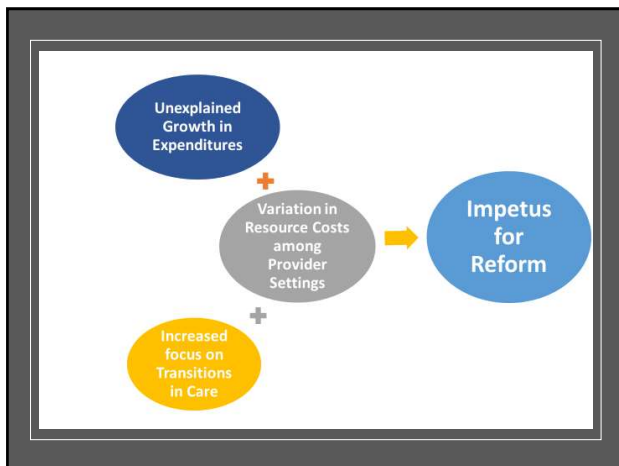
Foundational Background: Regulations & Requirements

Ellen R. Strunk, PT, MS

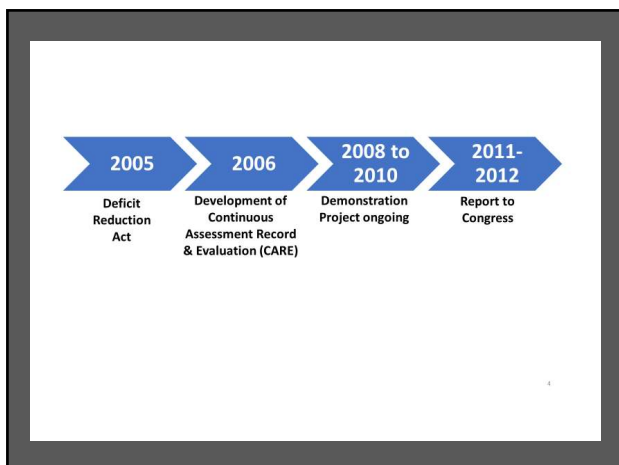
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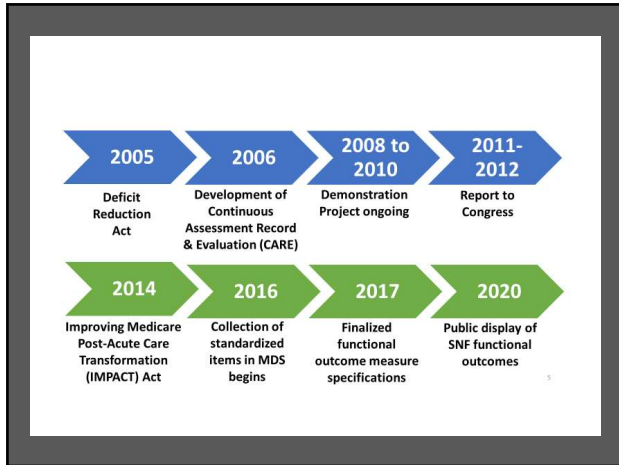
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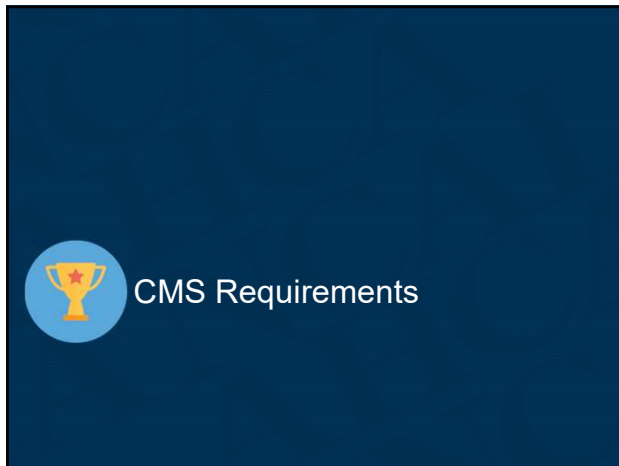
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A white slide with a light blue circle containing a yellow trophy icon on the left. To the right of the icon, the text "Theme of 'Function' in CMS Requirements" is written in black. Below this, a numbered list of four items is provided: 1. Requirements of Participation (RoPs), 2. Resident Assessment of Function, 3. Quality Reporting Program (QRP), and 4. Patient Driven Payment Model's (PDPM) relationship to functional outcomes. The AHCA logo (American Health Care Association) is in the bottom right corner.

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Requirements of Participation: F635

- §483.20(a) Admission orders
- *At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.*
- These orders should, at a minimum, include dietary, medications (if necessary) and routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan.



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Requirements of Participation: F636

- §483.20 Resident Assessment
- *The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.*



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Requirements of Participation: F636 (cont)

- §483.20(b) Comprehensive Assessments
- §483.20(b)(1) Resident Assessment Instrument. *A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:*
 - (i) Customary routine
 - (ii) Cognitive patterns
 - (iii) Communication
 - (iv) Mood and behavior patterns
 - (v) Psychological well-being
 - (vi) Physical functioning and structural problems
 - (vii) Disease diagnosis and health conditions
 - (viii) Activity pursuit
 - (ix) Documentation of participation in assessment. *The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.*



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Requirements of Participation: F641

- §483.20(g) Accuracy of Assessments
- *The assessment must accurately reflect the resident's status.*
- INTENT §483.20(g)
- To assure that each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.



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Requirements of Participation: F655

- §483.21 Comprehensive Person-Centered Care Planning
- *The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.*
- *Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—*
 - Initial goals based on admission orders
 - Physician orders
 - Therapy services
- §483.21(a)(3) *The facility must provide the resident and their representative with a summary of the baseline care plan*



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Requirements of Participation: F656

- §483.21(b) Comprehensive Care Plans
- *The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights...that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment...*
- (i) *The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being*
- (iv) *In consultation with the resident and the resident's representative(s)*
 - (A) *The resident's goals for admission and desired outcomes.*
 - (B) *The resident's preference and potential for future discharge.*



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Requirements of Participation: F658

- §483.21(b) Comprehensive Care Plans
- §483.21(b)(3) *The services provided or arranged by the facility, as outlined by the comprehensive care plan must*
 - (i) *Meet professional standards of quality*
- “Professional standards of quality” means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting.



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Requirements of Participation: F659

- §483.21(b) Comprehensive Care Plans
- §483.21(b)(3) *The services provided or arranged by the facility, as outlined by the comprehensive care plan must*
 - (ii) *Be provided by qualified persons in accordance with each resident's written plan of care.*
 - (iii) *Be culturally-competent and trauma-informed*
- The facility must ensure that services provided or arranged are delivered by individuals who have the skills, experience and knowledge to do a particular task or activity. This includes proper licensure or certification, if required.



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Requirements of Participation: F675

- §483.24 Quality of Life
- *Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.*



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Requirements of Participation: F676

- §483.24(a) *Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable...*
- Activities of daily living
- Hygiene
- Mobility
- Toileting
- Dining-eating
- Communication



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Requirements of Participation: F684, F686, F688, F690, F697

- §483.25 Quality of Care
- *Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:*
- (b) *Skin Integrity*
- (c) *Mobility*
- (e) *Incontinence*
- (k) *Pain management*



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Requirements of Participation: F725

- §483.35 Nursing Services
- *The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).*



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Requirements of Participation: F825

- §483.65 Specialized Rehabilitative Services
- §483.65(a) Provision of Services
- PROCEDURES §483.65(a)(1)-(2)
- For each of the services noted above, surveyors should determine through information obtained by observations, interviews and record reviews, that the facility not only delivered these services, but that the services and interventions:
 - (1) Were monitored for their effectiveness; and
 - (2) Assisted residents to attain or maintain their highest practicable level of physical, mental, functional and psycho-social well-being or to prevent or slow a decline in condition.



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Requirements of Participation: F865

- §483.75(a) Quality assurance and performance improvement (QAPI) program
- *Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.*
- §483.75(b) Program design and scope.
- *A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility.*



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Resident Assessment of Function

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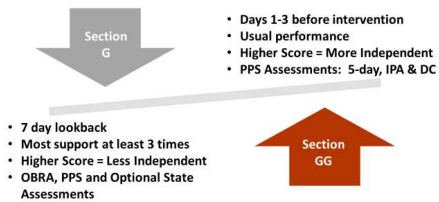
Resident Assessment of Function

- OBRA Required Tracking Records and Assessments
- Tracking records
 - Entry
 - Death in Facility
- Assessments
 - Admission (comprehensive)
 - Quarterly
 - Annual (comprehensive)
 - SCSA (comprehensive)
 - SCPA (comprehensive)
 - SCQA
 - Discharge
- Prospective Payment System (PPS) Assessment
- 5-day (Initial) Assessment
- Interim Payment Assessment (IPA)
- Part A Discharge Assessment



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Resident Assessment of Function



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Section G of the MDS

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.				
Codings: 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 provided care 100% of the time for that activity over the entire 7-day period	Codings: 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				
<table border="1"> <tr> <th>1. Self-Performance</th><th>2. Support</th></tr> <tr> <td colspan="2">↓ Enter Codes in Boxes ↓</td></tr> </table>	1. Self-Performance	2. Support	↓ Enter Codes in Boxes ↓		
1. Self-Performance	2. Support				
↓ Enter Codes in Boxes ↓					

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Section GG of the MDS

Coding:
Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
04. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:
07. **Resident refused**
09. **Not applicable** - Not attempted and the resident 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 condition or safety concerns**

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Section G	GG Self Care Assessment	GG Mobility Assessment
Bed mobility		Roll left and right; Sit to lying Lying to sitting on side of bed
Transfer		Sit to stand; Chair/bed to chair transfer Toilet transfer; Car transfer
Walk in Room		Walk 10 feet; Walk 50 feet with two turns
Walk in Corridor		Walk 150 feet
Locomotion on Unit		
Locomotion off Unit		Walking 10 feet on uneven surfaces; 1 step, 4 steps, 12 steps
Dressing	Upper body dressing; Lower body dressing Putting on / taking off footwear	
Eating	Eating	
Toilet use	Toileting hygiene	
Personal hygiene	Oral hygiene	
Bathing	Shower/bathe self	
Balance		Picking up object

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Quality Reporting Program (QRP) Overview

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SNF QRP Overview

Final Specifications for SNF QRP Quality Measures and Standardized Resident Assessment Data Elements



Prepared for:
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
Mail Stop C3-19-26
7500 Security Boulevard
Baltimore, MD 21244-1930


Prepared by:
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709
CMS Contract No. HHSM-500-2013-10101

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
42 CFR Parts 411, 413, and 424
[CMS-1696-F]
RIN 0938-AT24

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Final Rule for FY 2019, SNF Value-Based Purchasing Program, and SNF Quality Reporting Program

AGENCY: Centers for Medicare & Medicaid Services (CMS), IHS.

ACTION: Final rule



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SNF QRP

- Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)
- Established QRP for SNF
- Requires submission of standardized data by post-acute care facilities
 - Quality measures
 - Standardized patient assessment data
 - Resource use
- If a SNF fails to submit the required quality data on at least 80% of PPS assessments, SNF is subject to a **2% reduction** in their annual payment update



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5 QRP measures related to function

Measure	IMPACT Act Domain	Method	MDS GG0130 Self-Care	MDS GG0170 Mobility
Functional Assessment and Care Plan	Function	Assessment	X	X
Change in Self-Care	Function	Assessment	X	
Change in Mobility	Function	Assessment		X
Discharge Self Care Score	Function	Assessment	X	
Discharge Mobility Score	Function	Assessment		X

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Functional Assessment and Care Plan

- The Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function Measure (NQF #2631)
- Sections GG0130 and GG0170 of the MDS 3.0
- Calculated for Medicare Fee-For-Service Part A beneficiaries only
 - Does not include Medicare Advantage or other managed care individuals



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Functional Assessment and Care Plan

- Process Measure
- No Risk Adjustment
- Exclusions: No patients are excluded, but some *discharge* assessments are excluded.
- Assessments completed outside the 12-month reporting period; and/or
- Unplanned discharge, e.g. the patient/resident had an incomplete stay.
 - Discharged from the SNF to an acute care, psychiatric or long-term care hospital; or
 - Leave the SNF against medical advice; or
 - Die while in the SNF; or
 - The Medicare Part Stay is less than 3 days long.



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Functional Assessment and Care Plan Calculation

- Percentage of all new admissions from a hospital and covered by Medicare Part A who have an admission and a discharge functional assessment completed and a treatment goal that addresses function completed on the MDS 3.0 in Section GG.



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Change in Function Score Discharge Function Score

- The Application of Percent of IRF Functional Outcome Measure: Change in Self-Care Scores for Medical Rehab Patients (NQF #2633)
- The Application of Percent of IRF Functional Outcome Measure: Change in Mobility Scores for Medical Rehab Patients (NQF #2634)
- The Application of Percent of IRF Functional Outcome Measure: Discharge Self-Care Scores for Medical Rehab Patients (NQF #2635)
- The Application of Percent of IRF Functional Outcome Measure: Change in Mobility Scores for Medical Rehab Patients (NQF #2636)



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Change in Function Score Discharge Function Score

- Sections GG0130 and GG0170 of the MDS 3.0
- Calculated for Medicare Fee-For-Service Part A beneficiaries only
 - Does not include Medicare Advantage or other managed care individuals
- Outcome Measures
- Risk Adjusted
- Exclusions



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Change in Self-Care Score Discharge Self-Care Score

- | | |
|----------------------------------|---|
| • Eating | 06. Independent |
| • Oral hygiene | 05. Setup or clean-up assistance |
| • Toilet hygiene | 04. Supervision or touching assistance |
| • Shower/bathe self | 03. Partial/moderate assistance |
| • Upper body dressing | 02. Substantial/maximal assistance |
| • Lower body dressing | 01. Dependent |
| • Putting on/taking off footwear | 07. Patient refused |
| | 09. Not applicable |
| | 10. Not attempted due to environmental limitations |
| | 88. Not attempted due to medical condition or safety concerns |




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Change in Mobility Score Discharge Mobility Score



- Rolling
- Sit to Lying, Lying to Sitting
- Sit to Stand
- Chair/Bed-to-Chair & Toilet transfers
- Car transfers
- Walk 10 feet, 50 feet with two turns and 150 feet
- Walk 10 feet on uneven surfaces
- 1 step, 4 steps, 12 steps
- Picking up Object

- 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
- 10. Not attempted due to environmental limitations
- 88. Not attempted due to medical condition or safety concerns



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Change in Function Score Discharge Function Score

Change in Self-Care Score	Discharge Self-Care Score	Change in Mobility Score	Discharge Mobility Score
The risk-adjusted change in self-care function between admission and discharge	The percentage of patients discharged from the SNF who met or exceeded the expected discharge self-care score	The risk-adjusted change in mobility function between admission and discharge	The percentage of patients discharged from the SNF who met or exceeded the expected discharge mobility score

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Change in Function Score Discharge Function Score

Risk Adjustment	Over 55 different clinical variables: <ul style="list-style-type: none"> • Demographic • Primary medical condition • Functional status • Cognition/communication • Clinical conditions, services and treatments • Clinical conditions
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Change in Function Score Discharge Function Score

Exclusions	<ul style="list-style-type: none"> • Incomplete stays • Independent in all mobility activities at admission • Significant medical comorbidities • <21 yo • Received/ Discharged to Hospice • No PT or OT services received

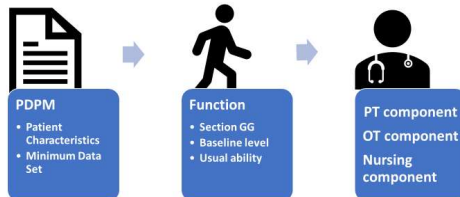
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The Patient Driven Payment Model (PDPM): Relationship to Functional Outcomes

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PDPM Brief Overview



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PDPM Brief Overview

Items	Specific Section GG	Score	SN	PT/OT
2 Bed Mobility Items	GG0170B1: Sit to Lying	0 to 4	Y	Y
	GG0170C1: Lying to sitting on side of bed	(Avg of 2)		
3 Transfer items	GG0170D1: Sit to stand	0 to 4	Y	Y
	GG0170E1: Chair/bed-to-chair transfer	(Avg of 3)		
	GG0170F1: Toilet transfer			
1 Eating item	GG0130A1: Eating	0 to 4	Y	Y
1 Toileting item	GG0130C1: Toileting Hygiene	0 to 4	Y	Y
1 Oral Hygiene item	GG0130B1: Oral Hygiene	0 to 4	N	Y
Gateway:	GG0170H: Walk 10 feet	N/A	N/A	N/A
2 Walking items	GG0170J1: Walk 50 feet with 2 turns	0 to 4	N	Y
	GG0170K1: Walk 150 feet	(Avg of 2)		
TOTAL POSSIBLE SCORE			16	24

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PDPM Brief Overview

Level of Assistance	Score on MDS	"Point Value" under PDPM
Independent	06	4
Set Up or Clean Up Assistance	05	4
Supervision or Touching Assistance	04	3
Partial / Moderate Assistance	03	2
Substantial / Maximal Assistance	02	1
Dependent	01	0
Resident Refused	07	0
Not applicable	09	0
Not attempted due to environmental limitations	10	0
Not attempted due to medical condition or safety concerns	88	0

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Section GG's relationship to resource use

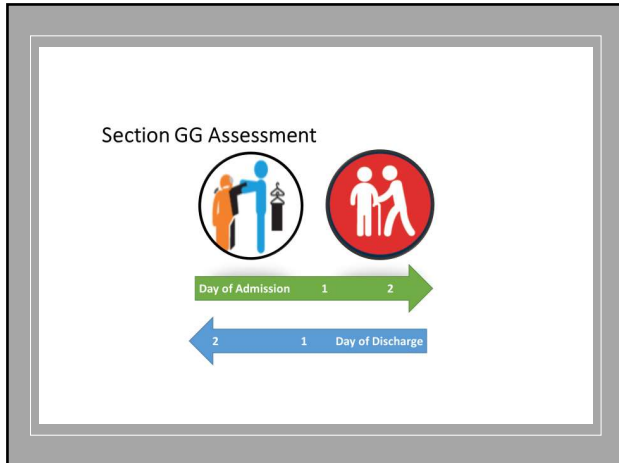
• PT and OT component




• Nursing Component




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 Section GG Assessment


- *"CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period."*
- *"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"*
- *"The admission functional assessment, when possible, should be conducted prior to the resident benefitting from treatment interventions in order to reflect the resident's true admission baseline functional status."*
 - CMS Resident Assessment Instrument (RAI) Manual 3.0 v.1.17.1, page GG-10

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 Using the Functional Outcomes

- The Minimum Data Set (MDS) is part of the process for the clinical assessment of all SNF residents and serves multiple purposes. It is used as a data collection tool for SNFs in the PPS to inform the PDPM for the purpose of reimbursement and for the SNF QRP for the purpose of monitoring the quality of care in SNFs.
- We are developing a robust monitoring program that will incorporate data from patient assessments, claims, cost reports, and quality measurement programs to identify any adverse or positive trends associated with PDPM implementation.
 - CMS 42 CFR; PPS and Consolidated Billing for SNF; Updates to the QRP and VBP for FY 2020

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References

- CMS 42 CFR; PPS and Consolidated Billing for SNF; Updates to the QRP and VBP for FY 2020
- CMS Resident Assessment Instrument (RAI) Manual 3.0 v.1.17.1, page GG-10



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