

## Fact Sheet: PDPM Functional and Cognitive Scoring

### Background

Two important patient characteristics for assessing the care needs for a given skilled nursing facility (SNF) patient are his or her ability to conduct certain activities (i.e., functional status) and the presence of any sort of cognitive impairment. These two factors are also used with the SNF Prospective Payment System (PPS) as payment group classifiers. While both the current case-mix classification system used under the SNF PPS, the Resource Utilization Group, Version IV (RUG-IV) and the Patient Driven Payment Model (PDPM) both use functional status and cognitive impairment as a part of payment group classification, PDPM makes changes to how functional and cognitive scoring are used in the payment system.

### Changes to Functional Score

The function score for patient classification under PDPM is now calculated using data from Section GG of the MDS 3.0 (Functional Abilities and Goals) rather than Section G items. This advances CMS's goal of using standardized assessment items across payment settings.

PDPM makes no changes to how Section GG is coded.

Some of the key differences between the old functional score using Section G and the new functional score using Section GG include:

- Reverse Scoring Methodology
  - Under Section G, increasing score means increasing dependence
  - Under Section GG, increasing score means increasing independence.
- Non-linear relationship to payment
  - Under RUG-IV, increasing dependence, within a given RUG category, translates to higher payment.
  - Under PDPM, there is not a direct relationship between increasing dependence and increasing payment.

Section GG offers standardized and more comprehensive measures of functional status and therapy needs. The use of section GG items better aligns the payment model with other quality

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initiatives. SNFs have been collecting section GG data since October 2016 as part of the requirements for the IMPACT Act.

## Functional Score Calculation

Under PDPM, the functional score for the PT and OT components is calculated based on ten Section GG items that were all found to be highly predictive of PT and OT costs per day:

- Two bed mobility items
- Three transfer items
- One eating item
- One toileting item
- One oral hygiene item
- Two walking items

Similar to the RUG-IV ADL score, each of these ADL areas is assigned a score of up to 4 points. However, in contrast to the RUG-IV ADL score, points were assigned to each response level to track functional independence rather than functional dependence. In other words, higher points are assigned to higher levels of independence. This approach is consistent with functional measures in other care settings, such as the IRF PPS. Further, under the RUG-IV model, if the SNF codes that the “activity did not occur” or “occurred only once,” these items are assigned the same point value as “independent.” However, we observed that patients who were unable to complete an activity had similar PT and OT costs as dependent patients. Therefore, when the activity cannot be completed, the equivalent section GG responses (“Resident refused,” “Not applicable,” “Not attempted due to environmental limitations,” “Not attempted due to medical condition or safety concerns”) are grouped with “dependent” for the purpose of point assignment.

For the two walking items, we use an additional response level to reflect patients who skip the walking assessment due to their inability to walk. This allows us to assess the functional abilities of patients who cannot walk and assign them a function score. Without this modification, we could not calculate a function score for patients who cannot walk because they would not be assessed on the two walking items included in the function score. MDS item GG0170I1 (Walk 10 feet) responses 07: “resident refused,” 09: “not applicable,” 10: “not attempted due to environmental limitations,” or 88: “not attempted due to medical condition or safety concerns” from MDS item GG0170I1 will be used to identify residents who cannot walk. Patients who are coded as unable to walk receive the same score as dependent patients to match with clinical expectations.

The scoring algorithm for the PT and OT functional scores may be found in the table below.

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## *PT and OT Function Score Construction (Except Walking Items)*

Response	Description	Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10 88, missing	Dependent, Refused, Not applicable, Not attempted due to environmental limitations, Not Attempted due to medical condition or safety concerns	0

## *PT and OT Function Score Construction for Walking Items*

Response	Description	Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10, 88	Dependent, Refused, Not applicable, Not attempted due to environmental limitations, Not Attempted due to medical condition or safety concerns, Resident Cannot Walk*	0

\*Coded based on response to GG0170I1 (Walk 10 feet?)

Missing section GG responses will receive zero points for the function score calculation.

Unlike section G, section GG measures functional areas with more than one item. This results in substantial overlap between the two bed mobility items, the three transfer items, and the two walking items. Because of this overlap, a simple sum of all scores for each item may inappropriately overweight functional areas measured by multiple items. Therefore, to adjust for this overlap, we calculate an average score for these related items. That is, we average the scores for the two bed mobility items, the three transfer items, and the two walking items. The average bed mobility, transfer, and walking scores are then summed with the scores for eating, oral hygiene, and toileting hygiene, resulting in equal weighting of the six activities. This scoring algorithm produces a function score that ranges from 0 to 24. In section 3.4.1. of the SNF PDPM technical report (available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html>), we provide additional information on the analyses that led to the construction of this function score.

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The following chart shows the Section GG Items included in the PT and OT Functional Score.

## *Section GG Items Included in PT and OT Functional Score*

Item	Description	Score Range
GG0130A1	Self-care: Eating	0-4
GG0130B1	Self-care: Oral Hygiene	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4 (average of 2 items)
GG0170K1	Mobility: Walk 150 feet	

For the Nursing Functional Score, which is used to classify patients under the nursing component, we use the same scoring algorithm as described above for the Section GG-based PT and OT Functional score non-walking items. The following chart shows the Section GG Items included in calculating the Nursing Functional Score.

The following chart shows the Section GG Items included in the Nursing Functional Score.

## *Section GG Items Included in Nursing Functional Score*

Item	Description	Score Range
GG0130A1	Self-care: Eating	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

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## Cognitive Score

Under PDPM, just as under RUG-IV, a patient's cognitive status is assessed using either the Brief Interview for Mental Status (BIMS). In cases where the BIMS cannot be completed, a Staff Assessment for Mental Status is completed. The Cognitive Performance Scale (CPS) is then used to score the patient based on the responses to the Staff Assessment.

Under RUG-IV, the BIMS and the CPS produced separate scores, with no single measure of cognitive status that allowed comparison across all patients. The new PDPM Cognitive Score is based on the Cognitive Function Scale (CFS), which combines scores from the BIMS and CPS into one scale that can be used to compare cognitive function across all patients.

### PDPM Cognitive Score Classification Methodology

<b>Cognitive Level</b>	<b>BIMS Score</b>	<b>CPS Score</b>
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6