

Teamwork for Discharge Function Score Success!

We've all heard about the increasingly important discharge function score used by CMS. The Discharge Function Score in skilled nursing facilities determines how successful each SNF is at achieving an expected level of function for its residents at the time of discharge. According to the technical report by [Acumen](#), "An expectation for discharge function score is built for each Medicare Part A SNF stay by accounting for resident characteristics that impact their functional status. The final Discharge Function Score for a given SNF is the proportion of that SNF's stays where a resident's observed discharge score meets or exceeds their expected discharge score. SNFs with low scores are not producing the functional gains that they could be for a larger share of their residents"

When we think of function, we think of Section GG in a SNF's MDS. While Section GG scoring accuracy is critical for accurate discharge function scoring, there are other components to consider as well. The 26-page technical report for this scoring system includes additional information not to be overlooked to maximize your facility's rating. Several factors influence the expected score for each individual.

Additional covariates used to calculate a risk adjusted discharge function score include:

- Age
- Admission Function Score
- Primary Medical Condition Category
- Interaction between Primary Medical Condition Category and Admission Function Score
- Prior Surgery
- Prior Function / Prior Device Use
- Pressure Ulcers
- Cognitive Function
- Communication Impairment
- Incontinence
- Nutritional Status
- History of Falls
- Hierarchical Condition Categories Comorbidities
- Low / High Body Mass Index
- No Occupational or Physical Therapy upon admission

In addition, some individuals may be excluded from the Discharge Function Score calculations. This includes:

- Those under age 18
- Those under hospice care or discharged to hospice
- Those admitted in a coma or coma like state
- Those who are discharged to the hospital or leave AMA.
- Those who have less than a three day stay or expire during their stay.

Both the exclusions and risk adjusted covariates are an attempt to focus discharge function scoring on those with true potential to improve. Improvement is measured through [ten specific areas of Section GG from the MDS](#). The 10 areas are noted below from CMS:

Table 8-8
Discharge Function Score (CMS ID: S042.02)⁵⁷

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
Measure Specifications ⁵⁸
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p><i>Function items and Rating scale:</i> The function assessment items used for discharge function score calculations are:</p> <ul style="list-style-type: none"> • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3. Walk 10 feet* • GG0170J3. Walk 50 feet with 2 turns* • GG0170R3. Wheel 50 feet with 2 turns* <p>* Count Wheel 50 feet with 2 turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with 2 turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either at admission or at discharge. The remaining stays use Walk 10 feet (GG0170I) + Walk 50 feet with 2 turns (GG0170J) to calculate the total observed discharge function score. In either case, 10 items are used to calculate a resident's total observed discharge score and scores range from 10 – 60.</p>

Of particular importance is consideration for use of the wheelchair to maneuver 50' with two turns. If the individual is unable to walk 10', the wheelchair measure is counted **twice** since the formula is based on ten items.

In the busy days of working in a skilled nursing facility, it can be easy for nursing to miss assessment of select mobility or self-care areas in the first three days or last three days of a patient's skilled episode. That's why it is important to be able to rely on therapy to give your resident assessment coordinator accurate, well documented information. CMS states that Section GG completion should be an interdisciplinary process. Nursing certainly knows a patient's mobility status at three AM to help determine their usual status, whereas therapy might have better insights as to how the individual is able to perform walking 150'.

With the updated [Long Term Care Surveyor Guidance](#) that went into effect April 28, 2025, there will be increased scrutiny of the accuracy of the MDS, including documentation to support Section GG scoring. Interdisciplinary communication, thorough documentation and comprehensive interventions will be essential for a facility to show their best outcomes through the discharge function score.

When looking to maximize your discharge function score, everyone from admissions to dietary to floor nurses to therapists to the MDS Coordinator has an important role to play. Considering the impact the discharge function score has on Quality Measures, Five-Star ratings and reimbursement, it's "all hands-on deck" to reflect the most accurate outcomes by capturing the co-variates, exclusions and exact Section GG scoring. Teamwork has become ever more critical for precise discharge function scoring and facility success.

About Cindy Hudson

Cindy Hudson is the Director of Clinical Compliance at Arbor Rehabilitation and Healthcare. Working alongside Rob Vadas and his family owned and operated organization, Cindy has enabled Arbor Rehab to continue its record of flawless service delivery across the spectrum from skilled nursing, home health and outpatient care. Cindy is an occupational therapist, Certified in Healthcare Compliance since 2015, active with Advion Advocates as an Emerging Leader and Resident Assessment Coordinator Certified through the American Association of Nurse Assessment Coordinators. This wealth of information supports all our customers in achieving success with integrity. Contact Cindy at cindyh@arborrehab.com

About Arbor Rehabilitation and Healthcare Inc.

Since 1974, Arbor Rehabilitation has supported our rehab teams in treating every client and patient as if they were their own parents. Led by Rob Vadas, we are delighted to see that the majority of our client facilities rank in the top 3% of all nursing homes in Ohio! Our history includes working in several states with careful attention to local licensure laws and case mix strategies. Employee retention, quick responses to all inquiries and concerns as well as a hands-on approach to therapy team management enables our mutual success. For more information, check us out at www.arborrehab.com or contact us at 440-423-0206.

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