**Therapy Team Competency Checklist – Section GG Coding**

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**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation** | | **Method of Evaluation**  D = Skills Demonstration  O = Performance Observation | | **Recommendations** |
| --- | --- | --- | --- | --- | --- | --- |
| **Competency** | **Needs Additional Training** |
| **D** | **O** |  |
| **Competency** | Verbalizes an understanding of GG self-care and GG mobility |  |  |  |  |  |
| Completes comprehensive evaluation and develops care plan within 48 hours of admission |  |  |  |  |  |
| Therapy plan of care is signed by physician |  |  |  |  |  |
| Correctly completes functional skills assessment within 3 days from the date of admission. |  |  |  |  |  |
| Collaborates with nursing to complete section GG |  |  |  |  |  |
| Completes the Medicare NPE discharge assessment on the last day of therapy or within one day of the last covered day. |  |  |  |  |  |
| Monitors group and concurrent minutes to not exceed 25% of a total episode of care. |  |  |  |  |  |
| Participate in pre-claim billing review as indicated by the facility. |  |  |  |  |  |
|  | New employees demonstrate competency in completing section GG. |  |  |  |  |  |

**References and Resources**

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual. Version 1.18.11, October 2023: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***