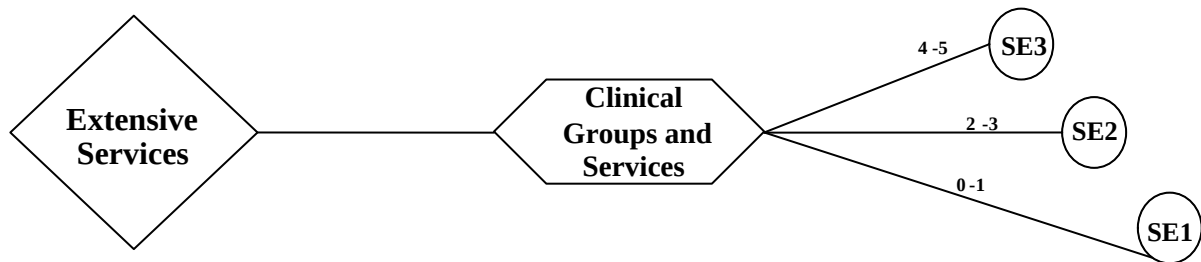


RUG-III

Classification Model

MDS 3.0

Version 5.20, 34-Group, REVISED



EXTENSIVE SERVICES (3 Categories)

- The resident must be receiving at least one of the following services and have an ADL score of 7 or more to qualify for Extensive Services: parenteral/IV, IV medication, suctioning, tracheostomy care, ventilator or respirator care.
- To determine the classification for the Extensive Services Category, an Extensive Service Count must be determined by the evaluation of the criteria for the Extensive Services category and by evaluating the criteria for Special Care, Clinically Complex and Impaired Cognition.
- The third character in the RUG-III classification (SE3) identifies the number of the Extensive Services count.

SE3 Extensive Services (4 or 5) ADL 7 - 18

SE2 Extensive Services (2 or 3) ADL 7 - 18

SE1 Extensive Services (0 or 1) ADL 7 – 18

CATEGORY I: EXTENSIVE SERVICES

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The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

STEP # 1

Determine if the assessment is coded for at least **one** of the following treatments:

MDS 3.0 Items	MDS 2.0 Items	MDS Descriptions
K0500A	K5a	Parenteral / IV
O0100D 1 or 2	P1ai	Suctioning
O0100E 1 or 2	P1aj	Tracheostomy care
O0100F 1 or 2	P1al	Ventilator/respirator
O0100H 1 or 2	P1ac	IV Medication

- A. If the assessment does not reflect receiving one of the above treatments, go to Category II, Rehabilitation.
- B. If at least one of the above treatments is coded but the ADL Score is 6 or less, this assessment classifies as SSA.
- C. If at least one of the above treatments is coded and the ADL score is 7 or greater, proceed to the Extensive Services Count. Go to Step #2.

STEP # 2 “Extensive Services” Count Determination

At this step, if Parenteral / IV is checked, include a count of 1 to the Extensive Services Count. If IV Medication is checked, include a count of 1 to the Extensive Services Count. Suctioning, Tracheostomy Care, and Ventilator or respirator contributes a count of 0 to the Extensive Services Count.

Parenteral / IV is checked	= 1 count
Suctioning is checked	= 0 count
Tracheostomy care is checked	= 0 count
Ventilator/respirator is checked	= 0 count
IV Medication is checked	= 1 count

Extensive Services Count _____

Possible range at this step is 0-2

STEP #3 To complete the Extensive Services Count:

To complete the scoring for the Extensive Services Category, an Extensive Services Count is completed by evaluating the criteria for Special Care, Clinically Complex and Impaired Cognition. The final classification into SE1, SE2, or SE3 will be completed after all criteria have been evaluated.

- A. Go to Category III, Special Care. If the assessment meets one* or more of the Special Care criteria, assign a count of 1; (assign a count of 0, if no criteria are met in this category).
- B. Go to Category IV, Clinically Complex. If the assessment meets one* or more of the Clinically Complex criteria, assign a count of 1; (assign a count of 0, if no criteria are met in this category).
- C. Go to Category V, Impaired Cognition. If assessment meets one* or more of the Impaired Cognition criteria, assign a count of 1; (assign a count of 0, if no criteria are met in this category).

****Even if the assessment meets more than one criterion in a category, it only receives an Extensive Services count of 1.***

STEP #4 Sum the Extensive Services Count(s) in all four categories below:

Category I.	Extensive Services Count - Extensive Service (0, 1, 2)	_____
Category III.	Extensive Services Count - Special Care (0, 1)	_____
Category IV.	Extensive Services Count - Clinically Complex (0, 1)	_____
Category V.	Extensive Services Count - Impaired Cognition (0,1)	_____
<u>Total Extensive Services Count (0 – 5)</u>		_____

STEP # 5

Determine the final Extensive Services classification using the Total Extensive Services Count.

<u>Total Extensive Services Count</u>	<u>Extensive Services Classification</u>
4 or 5	SE3
2 or 3	SE2
0 or 1	SE1

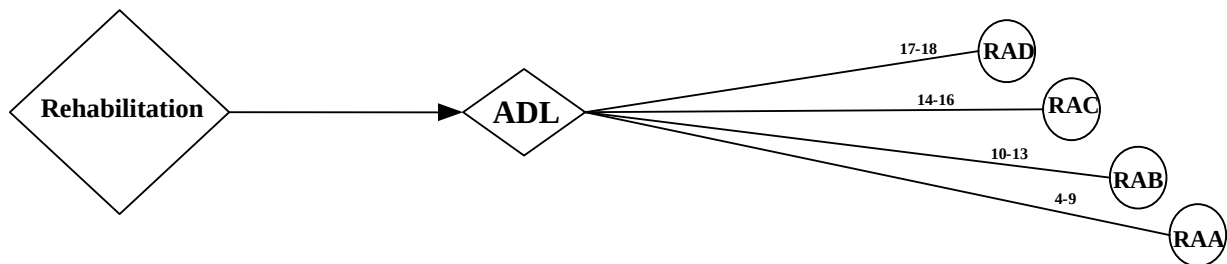
Final Extensive Services Classification _____

RUG-III

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REHABILITATION (4 Categories)

- Rehabilitation therapy is any combination of the disciplines of Physical, Occupational, or Speech therapy; found in Section O0400A,B,C of the MDS Version 3.0.
- Restorative Nursing Services are also considered for the low intensity classification level. Restorative Nursing Services consists of providing passive and/or active range of motion (ROM), splint or brace assistance, and training and skill practice in bed mobility and/or walking, transfer, dressing or grooming, eating or swallowing, amputation/ prostheses care, communication, and urinary toileting or bowel training program. This information is found in section O0500A-J and H0200C, H0500 of the MDS Version 3.0.
- The third character of the RUG-III classification (RAD) indicates the ADL level of the resident.

RAD	Rehabilitation	ADL 17 - 18
RAC	Rehabilitation	ADL 14 - 16
RAB	Rehabilitation	ADL 10 - 13
RAA	Rehabilitation	ADL 4 - 9

CATEGORY II: REHABILITATION

RUG-III, Version 5.20, 34 Group, REVISED

Rehabilitation therapy is any combination of the disciplines of Speech therapy, Occupational therapy, or Physical therapy. Restorative Nursing is also considered for the low intensity Rehabilitation classification. It consists of providing passive and/or active range of motion (ROM), splint or brace assistance and training and skill practice in bed mobility and/or walking, transfer, dressing and/or grooming, eating and/or swallowing, amputation/prostheses care, communication, and any toileting program or trial (includes scheduled toileting, prompted voiding, bladder retraining or bowel toileting program).

Licensed Therapy

MDS 3.0 Items	MDS 2.0 Items	MDS Descriptions
O0400A1, 2, 3	P1baB	Speech therapy/minutes
O0400A4	P1baA	Speech therapy/days
O0400B1, 2, 3	P1bbB	Occupational therapy/minutes
O0400B4	P1bbA	Occupational therapy/days
O0400C1, 2, 3	P1bcB	Physical therapy/minutes
O0400C4	P1bcA	Physical therapy/days

STEP # 1

Total the therapy minutes for Speech, Occupational and Physical therapy.

If the total combined number of therapy minutes is less than 45 minutes, the assessment does not classify in the Rehabilitation Category. Go to Category III, Special Care.

STEP # 2

If the total combined number of therapy minutes is greater than or equal to 45 minutes, consider the following criteria to complete the Rehabilitation classification.

Criteria #1 Rehabilitation

In the last 7 days were;

150 minutes or more combined total of therapy provided **AND**

At least 5 days of any combination of the 3 disciplines

OR

Criteria #2 Rehabilitation

In the last 7 days were;

45 minutes or more combined total of therapy provided **AND**

At least 3 days of any combination of the 3 disciplines **AND**

2 or more Restorative Nursing Services* received each for at least 15 minutes, each administered for 6 or more days, including urinary toileting program or bowel training program

Restorative Nursing Services

MDS 3.0 Items

H0200C, H0500 **

O0500A**

O0500B**

O0500C

O0500D**

O0500E

O0500F**

O0500G

O0500H

O0500I

O0500J

MDS 2.0 Items

H3a

P3a

P3b

P3c

P3d

P3e

P3f

P3g

P3h

P3i

P3j

MDS Descriptions

Urinary or bowel toileting programs

Passive ROM

Active ROM

Splint or brace assistance

Bed mobility

Transfer

Walking

Dressing and/or grooming

Eating and/or swallowing

Amputation/prosthesis care

Communication

**Count as one service (H0200C & H0500; O0500A & B; O0500D & F) even if both are provided

Total Restorative Nursing Services Provided _____

A restorative nursing program must meet all of the following additional criteria:

- *Measurable objectives and interventions must be documented in the care plan and in the clinical record.*
- *Evidence of periodic evaluation by licensed nurse must be present in the clinical record.*
 - *Defined as during the observation period.*
- *Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity.*
- *These activities are carried out or supervised by members of the nursing staff.*
- *This category does not include groups with more than four residents per supervising helper or caregiver.*

STEP # 3

If the assessment meets one or both of the above criteria, record the appropriate Rehabilitation classification:

ADL Score

17 - 18

14 - 16

10 - 13

4 - 9

Rehabilitation Classification

RAD

RAC

RAB

RAA

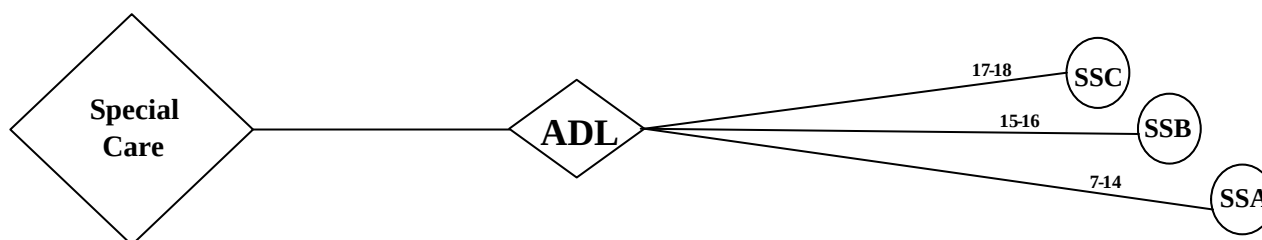
Final Rehabilitation Classification _____

RUG-III

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SPECIAL CARE (3 Categories)

- To classify in Special Care at least one of the following conditions must be present: CP, MS, quadriplegia (each must have an ADL score of ≥ 10), fever, feeding tube, ulcers, surgical wounds, open lesions, radiation treatment, respiratory therapy, skin treatments, and other secondary elements.
- Note that certain conditions require special considerations.
- A resident who has one of the conditions listed in Extensive Services, but has an ADL score of 6 or less would classify as Special Care (SSA).
- This category is also used to determine the Extensive Services count for any resident who classifies in the Extensive Services Category with an ADL of 7 or more.
- The third character of the RUG-III classification (SSC) identifies the ADL level of the resident.

SSC	Special Care	ADL 17-18
SSB	Special Care	ADL 15-16
SSA	Special Care	ADL 7-14

CATEGORY III: SPECIAL CARE **RUG-III, Version 5.20, 34 Group, REVISED**

The classification groups in this category are based on certain resident conditions. Note that certain conditions require special considerations. Use the following instructions:

STEP # 1

Determine if the assessment is coded for at least **one** of the following conditions:

MDS 3.0 Items	MDS 2.0 Items	MDS Descriptions
I4400	I1s	Cerebral palsy, <u>with</u> an ADL score ≥ 10
I5100	I1z	Quadriplegia, <u>with</u> an ADL score ≥ 10
I5200	I1w	Multiple sclerosis, <u>with</u> an ADL score ≥ 10
J1550A and at least <u>one</u> of the following;	J1h and at least <u>one</u> of the following;	Fever and at least <u>one</u> of the following;
• I2000	• I2e	• Pneumonia
• J1550B	• J1o	• Vomiting
• J1550C	• J1c	• Dehydration
• K0300 (1&2)	• K3a	• Weight loss
• K0500B	• K5b	• Feeding tube*
K0500B and I4300	K5b and I1r	Feeding tube* and aphasia
M0300A and M1030	M1a	Number of Stage I pressure ulcers and/or
M0300B1	M1b	Number of venous and arterial ulcers
M0300C1	M1c	Number of Stage II
M0300D1 and M0300F1	M1d	Number of Stage III pressure ulcer
		Number of Stage IV pressure ulcer and/or
		unstageable
		<u>Skin Criteria</u>
		• 2 or more ulcers <u>with</u> 2 or more skin treatments**
		• Any stage III, IV, or unstageable pressure ulcer <u>with</u> 2 or more skin treatments**
(See crosswalk below)#	M2a	Open lesions <u>with</u> 1 or more skin treatment***
M1040D	M4c	Surgical wounds <u>with</u> 1 or more skin treatment***
M1040E	M4g	Radiation treatment
O0100B 1 or 2	P1ah	Respiratory therapy provided for 7 days
O0400D 2	P1bdA	

#Since there is no equivalent on the MDS 3.0 for M2a (highest pressure ulcer), the RUG-III crosswalk will apply M0300C1, M0300D1 and M0300F1 when any one is greater than or equal to 1.

***Feeding tube classification must include either:**

	MDS 3.0	MDS 2.0	MDS Descriptions
(1)	K0700A	K6a-calories	51% or more calories <u>OR</u>
(2)	K0700A K0700B	K6a-calories K6b-fluids	26% to 50% calories <u>AND</u> fluids are 501 cc. or more per day enteral fluid intake in the last 7 days

****2 or more Skin Treatments:**

MDS 3.0	MDS 2.0	MDS Descriptions
M1200A#	M5a	Pressure relieving device/chair
M1200 B#	M5b	Pressure relieving device/bed
M1200C	M5c	Turning/repositioning program
M1200D	M5d	Nutrition or hydration intervention to manage skin problems
M1200E	M5e	Ulcer care
M1200G	M5g	Application of nonsurgical dressings (not to feet)
M1200H	M5h	Application of ointments/medications (not to feet)
# (Count as one treatment even if both provided)		

*****1 or more Skin Treatment:**

MDS 3.0	MDS 2.0	MDS Descriptions
M1200F	M5f	Surgical wound care
M1200G	M5g	Application of nonsurgical dressings (not to feet)
M1200H	M5h	Application of ointments/medications (not to feet)

- A. To continue the scoring for the Extensive Services Category, evaluate the criteria for Special Care and determine the count by adding a score of “0” for no criteria match or a score of “1” for one or more criteria matches:
Category III. Extensive Services Count - Special Care (0, 1) _____
- B. If the assessment does not meet one of the above Special Care criteria, go to Category IV, Clinically Complex.
- C. If the assessment meets one or more of the criteria in the Special Care Category and the ADL Score is 6 or less, the assessment classifies in the Clinically Complex Category (CA). To complete the Clinically Complex classification, go to Category IV, Clinically Complex, Step #2, to determine the presence (CA2) or absence (CA1) of mood symptoms.
- D. If neither B nor C above applies, classify the assessment by proceeding to Step # 2.

STEP #2

If the ADL Score is 7 or more and the assessment meets one or more criteria, record the appropriate Special Care classification based on the ADL score.

<u>ADL Score</u>	<u>Special Care Classification</u>
17 – 18	SSC
15 - 16	SSB
7 - 14	SSA

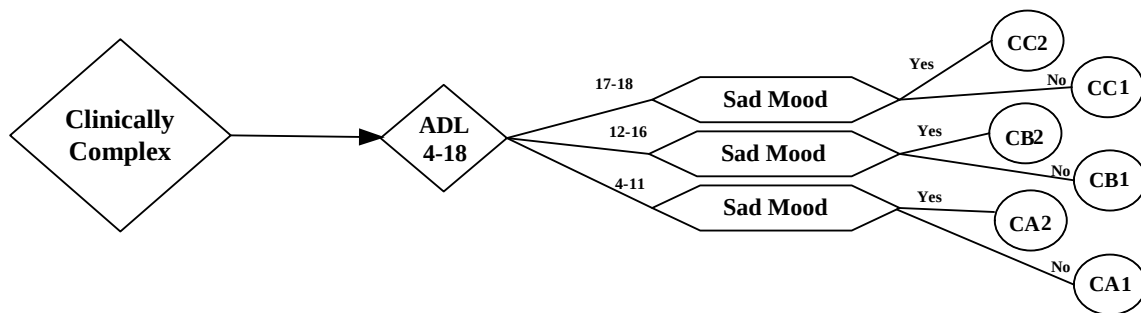
Final Special Care Classification _____

RUG-III

Classification Model

MDS 3.0

Version 5.20, 34 Group, REVISED



CLINICALLY COMPLEX (6 Categories)

- This category is classified by one of the following: coma, diabetes, hemiplegia, pneumonia, septicemia, dehydration, internal bleeding, feeding tube, burns, infection of feet, chemotherapy, dialysis, oxygen therapy, transfusions, physician visits, physician orders, and other secondary elements.
- A resident who has one of the conditions listed in Special Care, but has an ADL score of 6 or less would classify as Clinically Complex.
- This category is also used to determine the Extensive Services count for any resident who classifies in the Extensive Services Category with an ADL of 7 or more.
- Once the Clinically Complex criterion is met, the resident is assessed for mood symptoms for final classification.
- The second character of the RUG-III class (CC2) identifies the ADL level of the resident; the third character of the RUG-III class (CC2) identifies the presence (2) or absence (1) of mood symptoms.

CC2	Clinically Complex / Mood Symptoms	ADL 17 - 18
CC1	Clinically Complex	ADL 17 - 18
CB2	Clinically Complex / Mood Symptoms	ADL 12 - 16
CB1	Clinically Complex	ADL 12 - 16
CA2	Clinically Complex / Mood Symptoms	ADL 4 - 11
CA1	Clinically Complex	ADL 4 - 11

CATEGORY IV: CLINICALLY COMPLEX

RUG-III, Version 5.20, 34 Group, REVISED

The classification groups in this category are based on certain resident conditions. Note that certain conditions require special considerations. Use the following instructions:

STEP # 1

Determine if the assessment is coded for at least **one** of the following conditions:

MDS 3.0	MDS 2.0	MDS Descriptions
B0100	B1	Coma <u>and</u> completely ADL dependent (G0110A, G0110B, G0110H, G0110I = 4 or 8)
I2000	I2e	Pneumonia
I2100	I2g	Septicemia
I2900, N0300, O0700	I1a, O3, P8	Diabetes mellitus <u>AND</u> Injection = 7 days <u>and</u> Physician Order Changes $\geq$ 2 days
I4900	I1v	Hemiplegia/hemiparesis <u>with</u> an ADL score $\geq$ 10
J1550C	J1c	Dehydration
J1550D	J1j	Internal bleeding
K0500B	K5b	Feeding tube*
M1040A, M1200I	M6b, M6f	Infection of the foot <u>with</u> application of dressings
M1040B&C, M1200I	M6c, M6f	Diabetic foot ulcer and/or open lesions on the foot <u>with</u> application of dressings
M1040F	M4b	Burns
O0100A 1 and 2	P1aa	Chemotherapy
O0100C 1 and 2	P1ag	Oxygen therapy
O0100I 1 and 2	P1ak	Transfusions
O0100J 1 and 2	P1ab	Dialysis
O0600, O0700	P7, P8	Physician Examinations/Physician Order Changes in the last 14 days: - Examinations $\geq$ 1 day <u>and</u> Order Changes $\geq$ 4 days <u>OR</u> - Examinations $\geq$ 2 days <u>and</u> Order Changes $\geq$ 2 days

****Feeding tube classification must include either:***

	MDS 3.0	MDS 2.0	MDS Descriptions
(1)	K0700A	K6a-calories	51% or more calories <u>OR</u>
(2)	K0700A K0700B	K6a-calories K6b-fluids	26% to 50% calories <u>AND</u> fluids are 501 cc. or more per day enteral fluid intake in the last 7 days

A. To continue the scoring for the Extensive Services Category, evaluate the criteria for Clinically Complex and determine the count by adding a score of "0" for no criteria match or a score of "1" for one or more criteria matches:

Category IV. Extensive Services Count - Clinically Complex (0, 1) _____

B. If the assessment does **not** meet one of the above criteria, go to Category V, Impaired Cognition.

C. If there is a match, proceed to Step # 2 to evaluate for mood symptoms.

STEP #2 Evaluate for signs of mood symptoms

Signs of mood symptoms are used as a third level split for the Clinically Complex Category as follows.

Criteria 1 For residents that are interviewable, complete resident interview (PHQ-9)

- When D0100=NO, and when the resident is rarely/never understood (B0700=3) do not conduct Resident Mood Interview. Proceed to criteria 2.

MDS 3.0	MDS 2.0	MDS Definition
D0200A2	None	Little interest or pleasure in doing things
D0200B2	None	Feeling down, depressed, or hopeless
D0200C2	None	Trouble falling or staying asleep, or sleeping too much
D0200D2	None	Feeling tired or having little energy
D0200E2	None	Poor appetite or overeating
D0200F2	None	Feeling bad about yourself-or that you are a failure or have let yourself or family down
D0200G2	None	Trouble concentrating on things, such as reading the newspaper or watching TV
D0200H2	None	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual
D0200I2	None	Thoughts that you would be better off dead, or of hurting yourself in some way

- Once completed, a PHQ score is calculated by summing the values in the symptom frequency column. The score is considered valid if no more than two items are incomplete.
- If the total score at D0300 is 10 or greater, the resident is considered depressed.

Criteria 2 For residents that are NOT interviewable, complete staff assessment (PHQ-9-OV)

MDS 3.0	MDS 2.0	MDS Definition
D0500A2	None	Little interest or pleasure in doing things
D0500B2	None	Feeling or appearing down, depressed, or hopeless
D0500C2	None	Trouble falling or staying asleep, or sleeping too much
D0500D2	None	Feeling tired or having little energy
D0500E2	None	Poor appetite or overeating
D0500F2	None	Indicating that s/he feels bad about self, is a failure, or has let self or family down
D0500G2	None	Trouble concentrating on things, such as reading the newspaper or watching TV
D0500H2	None	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual
D0500I2	None	States that life isn't worth living, wishes for death, or attempts to harm self
D0500J2	None	Being short tempered, easily annoyed

- Once completed, sum the values in the symptom frequency column. The score is considered valid if no more than two items are incomplete.
- If the score at D0600 is 10 or greater, the resident is considered depressed.

STEP # 3

Record the appropriate Clinically Complex classification based on both the ADL Score and the total severity score at D0300 or D0600.

<u>ADL Score</u>	<u>Mood Symptoms</u>	<u>Clinically Complex Classification</u>
17 – 18	YES	CC2
17 – 18	NO	CC1
12 – 16	YES	CB2
12 – 16	NO	CB1
4 – 11	YES	CA2
4 – 11	NO	CA1

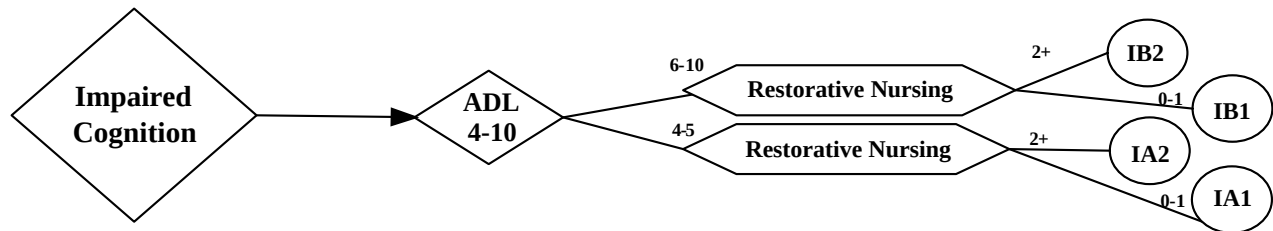
Final Clinically Complex Classification _____

RUG-III

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MDS 3.0

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IMPAIRED COGNITION (4 Categories)

- To be included in this category, a resident must have an ADL score of 10 or lower.
- Note that certain conditions require special considerations.
- Classification is based on whether the resident categorizes as cognitively impaired based on the BIMS or Cognitive Performance Score (CPS).
- Restorative Nursing Services and urinary toileting or bowel training program are secondary level elements measured to further classify a resident.
- This category is also used to determine the Extensive Services count for any resident who classifies in the Extensive Services Category with an ADL of 7 or more.
- The second character of the RUG-III classification (IB2) indicates the ADL level, and the third character (IB2) indicates the number of Restorative Nursing Services received.

IB2	Impaired Cognition / Restorative Nursing Services (2 or more services)	ADL 6-10
IB1	Impaired Cognition / Restorative Nursing Services (0 or 1 service)	ADL 6-10
IA2	Impaired Cognition / Restorative Nursing Services (2 or more services)	ADL 4-5
IA1	Impaired Cognition / Restorative Nursing Services (0 or 1 service)	ADL 4-5

CATEGORY V: IMPAIRED COGNITION

RUG-III, Version 5.20, 34 Group, REVISED

The classification groups in this category are based on certain resident conditions. Note that certain conditions require special considerations. Use the following instructions:

STEP # 1

The assessment's total ADL score must be 10 or less. If the ADL score is greater than 10, go to Category VII, Reduced Physical Functions.

STEP #2

Criteria 1 *Resident interview for mental status*

If **all** BIMS (Brief Interview for Mental Status) items are completed, then a BIMS score is calculated.

- If one or more BIMS items are missing, then a BIMS score is not calculated. Instead proceed to Criteria 2.
- A resident with a BIMS score less than or equal to 9 is considered cognitively impaired. A resident with a BIMS score of 10 or greater is not considered to be cognitively impaired.

MDS 3.0	MDS 2.0	MDS Description
C0200	None	Repetition of three words
C0300A-C	None	Temporal Orientation
C0400A-C	None	Recall
C0500	None	BIMS score 0-15
		Score <=9 is cognitively impaired
		Score >=10 is cognitively intact

Criteria 2 *Staff assessment for mental status*

Determine if the assessment meets at least **one** of the Impaired Cognition conditions (either A, B or C) below:

MDS 3.0	MDS 2.0	MDS Description
B0100	B1	Comatose
B0700	C4	Makes self understood
C0700	B2a	Short term memory problem
C1000	B4	Cognitive skills for daily decision making

A. B0100 Coma **and** completely ADL dependent **OR**

B. C1000 Severely impaired daily decision making (C1000 = 3) **OR**

- C. B0700, C0700, C1000 These three items are assessed with none being blank or unknown:

Two or more of the following impairment indicators are present:

- B0700 > 0 Problem making self understood
C0700 = 1 Short term memory problem
C1000 > 0 Cognitive skills for daily decision making

AND

One or more of the following severe impairment indicators are present:

- B0700 >= 2 Severe problem making self understood
C1000 >= 2 Severely impaired decision making skills

STEP #3

- A. To complete the scoring for the Extensive Services Category, continue the Extensive Services Count by evaluating the criteria for Impaired Cognition by adding a score of "0" for no criteria match or a score of "1" for one or more criteria matches:

Category V. Extensive Services Count - Impaired Cognition (0,1) _____

This concludes the Extensive Services Count evaluation.

Total Extensive Services Count

4 or 5
2 or 3
0 or 1

Extensive Services Classification

SE3
SE2
SE1

- B. If the assessment does not meet one of the above Impaired Cognition criteria, go to Category VI, Behavior Problems.
- C. If there is a BIMS score <=9 in criteria 1 or a match in criteria 2, proceed to Step # 4.

STEP # 4

Determine Restorative Nursing Services Count

Count the number of Restorative Nursing Services* received each for at least 15 minutes, each administered for 6 or more days and including any urinary toileting program or bowel toileting. Record the total count below:

Restorative Nursing Services

MDS 3.0 Items	MDS 2.0 Items	MDS Descriptions
H0200C, H0500 **	H3a	Urinary or bowel toileting programs
O0500A**	P3a	Passive ROM
O0500B**	P3b	Active ROM
O0500C	P3c	Splint or brace assistance
O0500D**	P3d	Bed mobility
O0500E	P3e	Transfer
O0500F**	P3f	Walking
O0500G	P3g	Dressing and/or grooming
O0500H	P3h	Eating and/or swallowing
O0500I	P3i	Amputation/prostheses care
O0500J	P3j	Communication

****Count as one service (H0200C & H0500; O0500A & B; O0500D & F) even if both are provided**

Total Restorative Nursing Services Provided _____

**To be included in this section, a restorative nursing program must meet all of the following additional criteria:*

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.*
- Evidence of periodic evaluation by licensed nurse must be present in the clinical record.*
 - o Defined as during the observation period.*
- Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity.*
- These activities are carried out or supervised by members of the nursing staff.*
- This category does not include groups with more than four residents per supervising helper or caregiver.*

STEP # 5

Record the appropriate Impaired Cognition classification by using the total ADL Score and the Restorative Nursing Services Count.

<u>ADL Score</u>	<u>Restorative Nursing Services Count</u>	<u>Impaired Cognition Classification</u>
6 – 10	2 or more services	IB2
6 – 10	0 or 1 service	IB1
4 – 5	2 or more services	IA2
4 – 5	0 or 1 service	IA1

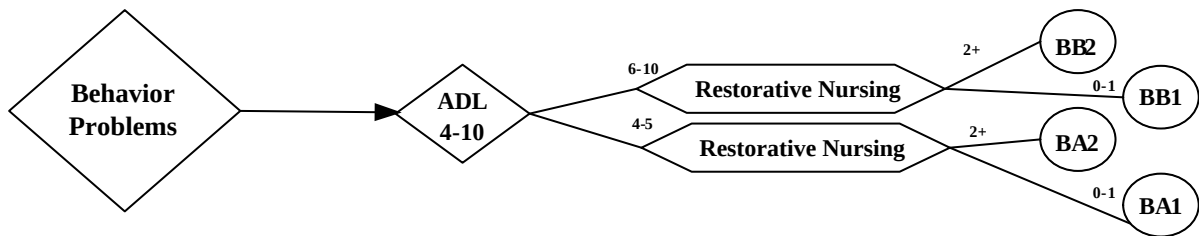
Final Impaired Cognition Classification _____

RUG-III

Classification Model

MDS 3.0

Version 5.20, 34 Group, REVISED



BEHAVIOR PROBLEMS (4 Categories)

- To be included in this category, a resident must have an ADL score of 10 or lower.
- This classification is determined by resident exhibiting behavioral problems, such as wandering, verbal behavioral symptoms, physical behavioral symptoms, other behavioral symptoms, rejection of care, and delusions or hallucinations.
- Restorative Nursing Services and urinary toileting or bowel training program are the secondary level elements measured to further classify a resident.
- The second letter of the RUG-III classification (BB2) identifies the ADL level of the resident; the third character (BB2) identifies the number of Restorative Nursing Services provided.

BB2	Behavior Problems / Restorative Nursing Services (2 or more services)	ADL 6-10
BB1	Behavior Problems / Restorative Nursing Services (0 or 1 service)	ADL 6-10
BA2	Behavior Problems / Restorative Nursing Services (2 or more services)	ADL 4-5
BA1	Behavior Problems / Restorative Nursing Services (0 or 1 service)	ADL 4-5

CATEGORY VI: BEHAVIOR PROBLEMS

RUG-III, Version 5.20, 34 Group, REVISED

The classification groups in this category are based on certain resident conditions. Note that certain conditions require special coding. Use the following instructions:

STEP # 1

The assessment's total ADL Score must be 10 or less. If the ADL score is greater than 10, go to Category VII, Reduced Physical Functions.

STEP # 2

At least **one** of the following conditions must be met:

MDS 3.0	MDS 2.0	MDS Description
E0100A	J1i	Hallucinations
E0100B	J1e	Delusions
E0200A	E4cA	Physical behavioral symptoms (coded 2 or 3)
E0200B	E4bA	Verbal behavioral symptoms (coded 2 or 3)
E0200C	E4dA	Other behavioral symptoms (coded 2 or 3)
E0800	E4eA	Rejection of care (coded 2 or 3)
E0900	E4aA	Wandering (coded 2 or 3)

STEP # 3

If the assessment does **not** meet one of the above Behavior Problems criteria, go to Category VII, Reduced Physical Functions.

STEP # 4 Determine Restorative Nursing Services Count

If at least one of the conditions is met in step 2 then proceed to the determination of the restorative nursing count. Count the number of Restorative Nursing Services* received each for at least 15 minutes, each administered for 6 or more days and including any urinary toileting program or bowel toileting. Record the total count below:

Restorative Nursing Services

MDS 3.0 Items	MDS 2.0 Items	MDS Descriptions
H0200C, H0500 **	H3a	Urinary or bowel toileting programs
O0500A**	P3a	Passive ROM
O0500B**	P3b	Active ROM
O0500C	P3c	Splint or brace assistance
O0500D**	P3d	Bed mobility
O0500E	P3e	Transfer
O0500F**	P3f	Walking
O0500G	P3g	Dressing and/or grooming
O0500H	P3h	Eating and/or swallowing
O0500I	P3i	Amputation/prostheses care
O0500J	P3j	Communication

****Count as one service (H0200C & H0500; O0500A & B; O0500D & F) even if both are provided**

Total Restorative Nursing Services Provided _____

**To be included in this section, a restorative nursing program must meet all of the following additional criteria:*

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.*
- Evidence of periodic evaluation by licensed nurse must be present in the clinical record.*
 - o Defined as during the observation period.*
- Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity.*
- These activities are carried out or supervised by members of the nursing staff.*
- This category does not include groups with more than four residents per supervising helper or caregiver.*

STEP # 5

Record the appropriate Behavior Problem classification by using the total ADL Score and the Restorative Nursing Services Count.

<u>ADL Score</u>	<u>Restorative Nursing Services Count</u>	<u>Behavior Problems Classification</u>
6 – 10	2 or more services	BB2
6 – 10	0 or 1 service	BB1
4 – 5	2 or more services	BA2
4 – 5	0 or 1 service	BA1

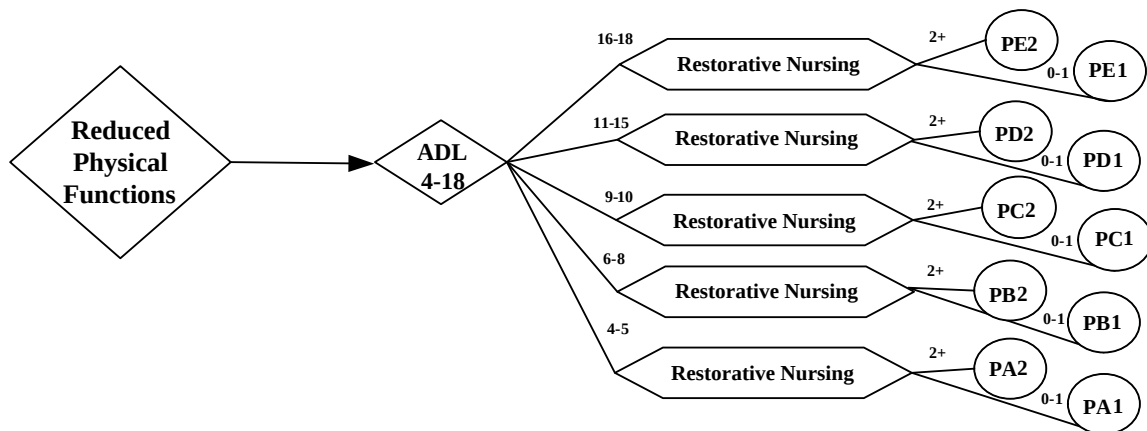
Final Behavior Problems Classification _____

RUG-III

Classification Model

MDS 3.0

Version 5.20, 34 Group, REVISED



REDUCED PHYSICAL FUNCTIONS (10 Categories)

- Residents who do not meet the conditions for any other category are placed in this category.
- Restorative Nursing Services and urinary toileting or bowel training program are secondary level elements measured to further classify a resident.
- The second character (PE2 of RUG-III classification identifies the ADL level of the resident; the third character (PE2) identifies the number of Restorative Nursing Services provided.

PE2	Physical Function / Restorative Nursing Services (2 or more services)	ADL 16-18
PE1	Physical Function / Restorative Nursing Services (0 or 1 service)	ADL 16-18
PD2	Physical Function / Restorative Nursing Services (2 or more services)	ADL 11-15
PD1	Physical Function / Restorative Nursing Services (0 or 1 service)	ADL 11-15
PC2	Physical Function / Restorative Nursing Services (2 or more services)	ADL 9-10
PC1	Physical Function / Restorative Nursing Services (0 or 1 service)	ADL 9-10
PB2	Physical Function / Restorative Nursing Services (2 or more services)	ADL 6-8
PB1	Physical Function / Restorative Nursing Services (0 or 1 service)	ADL 6-8
PA2	Physical Function / Restorative Nursing Services (2 or more services)	ADL 4-5
PA1	Physical Function / Restorative Nursing Services (0 or 1 service)	ADL 4-5

BC1 Unable to classify due to delinquency

CATEGORY VII: REDUCED PHYSICAL FUNCTIONS

RUG-III, Version 5.20, 34 Group, REVISED

The classification groups in this category are based on the ADL Score and Restorative Nursing Services Count. Use the following instructions:

STEP # 1

Assessments that do not meet the conditions of any of the previous categories or those that meet the criteria for the Impaired Cognition or Behavior Problems Categories but have an ADL Score greater than 10, classify in this category.

STEP # 2

Determine Restorative Nursing Services Count

Count the number of Restorative Nursing Services* received each for at least 15 minutes, each administered for 6 or more days and including any urinary toileting program or bowel toileting. Record the total count below:

Restorative Nursing Services

MDS 3.0 Items

H0200C, H0500 **

O0500A**

O0500B**

O0500C

O0500D**

O0500E

O0500F**

O0500G

O0500H

O0500I

O0500J

MDS 2.0 Items

H3a

P3a

P3b

P3c

P3d

P3e

P3f

P3g

P3h

P3i

P3j

MDS Descriptions

Urinary or bowel toileting programs

Passive ROM

Active ROM

Splint or brace assistance

Bed mobility

Transfer

Walking

Dressing and/or grooming

Eating and/or swallowing

Amputation/prosthesis care

Communication

**Count as one service (H0200C & H0500; O0500A & B; O0500D & F) even if both are provided

Total Restorative Nursing Services Provided

**To be included in this section, a restorative nursing program must meet all of the following additional criteria:*

- *Measurable objectives and interventions must be documented in the care plan and in the clinical record.*
- *Evidence of periodic evaluation by licensed nurse must be present in the clinical record.*
 - *Defined as during the observation period.*
- *Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity.*
- *These activities are carried out or supervised by members of the nursing staff.*
- *This category does not include groups with more than four residents per supervising helper or caregiver.*

STEP # 3

Record the appropriate Reduced Physical Functions classification by using the ADL Score and the Restorative Nursing Services Count.

<u>ADL Score</u>	<u>Restorative Nursing Services Count</u>	<u>Reduced Physical Functions Classification</u>
16 – 18	2 or more services	PE2
16 - 18	0 or 1 service	PE1
11 – 15	2 or more services	PD2
11 - 15	0 or 1 service	PD1
9 - 10	2 or more services	PC2
9 - 10	0 or 1 service	PC1
6 - 8	2 or more services	PB2
6 - 8	0 or 1 service	PB1
4 - 5	2 or more services	PA2
4 - 5	0 or 1 service	PA1

Final Reduced Physical Functions Classification _____