

RUG-III VERSION 5.20 CALCULATION GUIDE

53 GROUP MODEL

Based on the 2005 refinements, Version 5.20 of the Resource Utilization Groups III (RUG-III) Classification system adds a new model. This expands RUG-III to include three distinct models, a 53-group, a 44-group and a 34-group. The 53-group model adds 9 new groups for high-cost residents who qualify both for Rehabilitation Plus Extensive Services.

These combined Rehabilitation Plus Extensive groups are ordered at the top of the hierarchy and are followed by the 14 Rehabilitation groups from the 44-group model, the Extensive Services groups, the Special Care groups, the Clinically Complex groups, the Cognitively Impaired groups, the Behavior Problems groups, and the Reduced Physical Functions groups. The 53-group model will be used in the Medicare Skilled Nursing Facility payment system beginning January 1, 2006. This calculation guide provides a step-by-step walk through to manually determine the appropriate RUG 53 classification based on the information from an MDS 2.0 assessment.

RUG-III categories were developed by national researchers to classify residents into groups that utilize similar quantities of resources defined as nursing time, therapy time and nursing assistant time. One hundred eight MDS 2.0 elements are used to determine the RUG-III classification. This guide translates the standard computer programming into words and has been carefully reviewed to insure that it represents the standard RUG-III logic. Separate worksheets are available for the RUG-III 44 and 34 group models.

One very important consideration in the classification process is the scoring of Activities of Daily Living (ADL). An ADL Score is calculated for all assessment classifications and is one of the determining factors regarding placement into a RUG-III category. The ADL Score calculation includes G1a (bed mobility), G1b (transfer), G1h (eating), and G1i (toilet use). The ADL Scores range between 4 and 18. An ADL score of 4 represents the most independent resident while a score of 18 represents the most dependent resident.

Other ADLs are also very important, but the national researchers determined that the late loss ADLs (bed mobility, transfer, eating and toilet use) were more predictive of resource use. The researchers determined that including other early loss ADLs did not significantly change the classification hierarchy or add to the variance explanation.

In the 53-group model, the residents in the combined Rehabilitation Plus Extensive Services groups have the highest level of combined nursing and rehabilitation need, while residents in the Rehabilitation groups have the next highest level of need, followed by the Extensive Services groups. This structure for the 53-group model contrasts with the earlier 44-group and 34-group models as follows.

In the 44-group model, the residents in the Rehabilitation groups have the highest level of combined nursing and rehabilitation need, while residents in the Extensive Services groups have the next highest level of need. Therefore, the 44-group model has the Rehabilitation groups first followed by the Extensive Services groups, the Special Care

groups, the Clinically Complex groups, the Impaired Cognition groups, the Behavior Problems groups and finally the Reduced Physical Functions groups.

In the 34-group model, the Rehabilitation groups have been collapsed to 4 groups and different levels of rehabilitation service are not distinguished. The simplified Rehabilitation classification in the 34-group model is better suited to long-term care programs, which often classify on the basis of nursing care needs only. Medicaid long-term care programs in many states are examples. In the 34-group model, the Extensive Services groups have the highest level of nursing care needs, while the Rehabilitation groups have the next highest level of need. For this reason, the order of the Rehabilitation and Extensive Services groups are reversed in the 34-group model, with the Extensive Services groups first.

There are two important issues that must be considered prior to using the 53-group RUG-III worksheet:

1. Checking **out-of-range** MDS data values.
2. Choosing **hierarchical versus index maximizing** RUG-III classification.

Our recommendations for handling these two issues are described below.

OUT-OF-RANGE VALUES

Out-of-range means an item was answered with an invalid response. Consider an MDS assessment with an out-of-range value of “2” on the B1 comatose item (the valid values for this item are 0, 1 and -). If an MDS record indicates the value of “2” as the response for item B1 comatose, it is impossible to determine the actual RUG-III classification. The standard state software will assign a default RUG-III classification of “BC1” to the record, and the default value may have an impact on Medicaid and the Medicare Prospective Payment System (PPS) payments.

When using the attached worksheet, first determine if there are any RUG-III items that are out-of-range. If any out-of-range values are present, then the RUG-III classification would be BC1 (the default), and there is no reason to work through the rest of the steps in the worksheet. If there are no out-of-range values, then the worksheet should be used to determine the actual classification. The following “Table of Valid RUG-III Item Ranges” gives the valid range of values for each of the 108 RUG-III items. Note that a value “-” (dash) is allowed as valid for most items, this value indicating “unable to determine.”

TABLE OF VALID RUG-III ITEM RANGES

RUG-III Items	Valid Ranges
Aa8b	1,2,3,4,5,6,7,8, or sp (single space)
B1	0,1,-
B2a	0,1,-, or sp
B4,C4	0,1,2,3,- , or sp
E1a,E1b,E1c,E1d,E1e,E1f,E1g, E1h,E1i,E1j,E1k,E1l,E1m, E1n,E1o,E1p	0,1,2,- , or sp
E4aA,E4bA,E4cA,E4dA,E4eA	0,1,2,3,- , or sp
G1aA,G1bA,G1hA,G1iA	0,1,2,3,4,8,-
G1aB,G1bB,G1iB	0,1,2,3,8,-
H3a,H3b I1a,I1r,I1s,I1v,I1w,I1z I2e,I2g J1c,J1e,J1h,J1i,J1j,J1o K3a K5a,K5b	0,1,-
K6a	0,1,2,3,4,- , or sp
K6b	0,1,2,3,4,5,- , or sp
M1a,M1b,M1c,M1d	0,1,2,3,4,5,6,7,8,9,-
M2a	0,1,2,3,4,-
M4b,M4c,M4g M5a,M5b,M5c,M5d,M5e,M5f,M5g,M5h M6b,M6c,M6f N1a,N1b,N1c	0,1,-
O3	0,1,2,3,4,5,6,7,-
P1aa,P1ab,P1ac,P1ag,P1ah, P1ai,P1aj,P1ak,P1al	0,1,-
P1baA,P1bbA,P1bcA,P1bdA	0,1,2,3,4,5,6,7,-
P1baB,P1bbB,P1bcB	0000 thru 9999 or ----
P3a,P3b,P3c,P3d,P3e,P3f,P3g, P3h,P3i,P3j	0,1,2,3,4,5,6,7,-
P7 P8	00 thru 14 or --
T1b	0,1,- or blank
T1c	00 thru 15 or -- , or sp (2)
T1d	0000 thru 9999 or ----, or sp (4)

HIERARCHICAL VERSUS INDEX MAXIMIZING

Classification using any of the three models (34-group, 44-group and 53-group) can be ***hierarchical*** or ***index maximizing***. The present worksheet is focused on the hierarchical approach for the 53-group model but can be adapted to the index maximizing approach for that model.

Hierarchical Classification

Hierarchical classification is used in some payment systems, in staffing analysis and in many research projects. In the hierarchical approach, you start at the top and work down through any one of the RUG-III models, and the classification is the first group for which the resident qualifies. In other words, start with the Rehabilitation/Extensive Services groups at the top of the RUG 53 model. Then you work your way down through the groups in hierarchical order: Rehabilitation Plus Extensive Services, Rehabilitation, Extensive Services, Special Care, Clinically Complex, Impaired Cognition, Behavior Problems, and Reduced Physical Functions. When you find the first of the 53 individual RUG-III groups for which the resident qualifies, then assign that group as the RUG-III classification and you are finished.

If the resident would qualify in the Extensive Services group and in one of the Rehabilitation groups (and has an ADL score of 7 or more), then you would choose the combined Rehabilitation Plus Extensive Services classification, since it is higher in the hierarchy. Likewise, if the resident qualifies for Special Care and Clinically Complex, always choose Special Care. In hierarchical classification, always pick the group nearer the top of the model.

Index Maximizing Classification

Index maximizing classification is used in Medicare PPS and most Medicaid payment systems. For a specific payment system, there will be a designated Case Mix Index (CMI) or ranking assigned to each RUG-III group. Index maximizing classification is simply determining all groups for which a resident qualifies and selecting the group with the highest index.

While the present worksheet illustrates the hierarchical classification method, it can be adapted for index maximizing. To index maximize, you would evaluate all classification groups rather than assigning the resident to the first qualifying group. In the index maximizing approach, you again start at the beginning of the worksheet. You then work down through all of the 53 RUG-III classification groups, ignoring instructions to skip groups and noting each group for which the resident qualifies. When you finish, record the CMI for each of these groups. Select the group with the highest CMI. This group is the index-maximized classification for the resident.

Beginning with SNF PPS days of service on January 1, 2006, the index-maximized RUG 53 classification will be used for Medicare payment. A set of CMIs labeled "C03" will be used for index maximizing for rural facilities and a second set labeled "C04" will be used for urban facilities. Since the CMIs or rankings are assigned based on dollar-weighted nursing and/or rehabilitation therapy minutes, differences in the wage rates between rural and urban facilities affect the ordering of the CMIs.

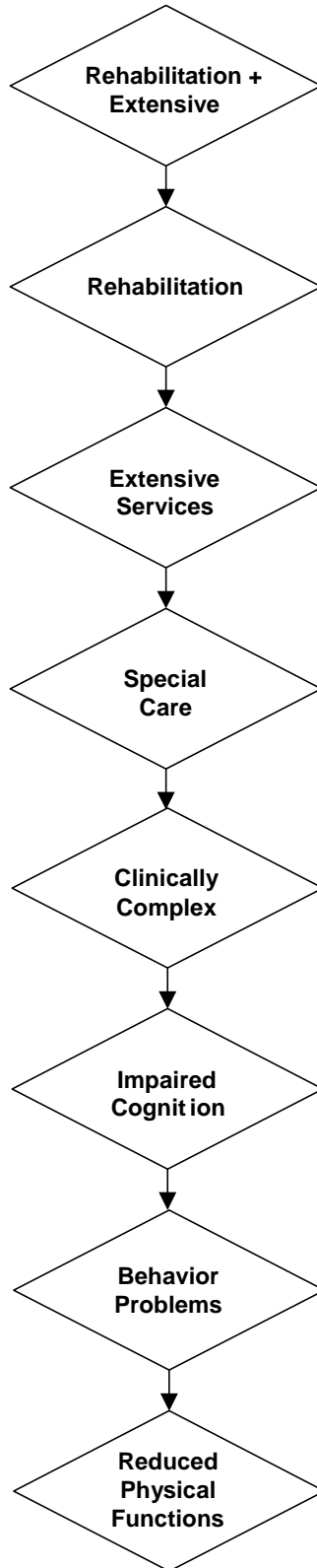
The RUG 53 SNF PPS CMI's for rural (C03) and urban (C04) facilities are presented in the following table. When the order is different between rural and urban, the groups are highlighted.

SNF PPS CMI's for RUG 53

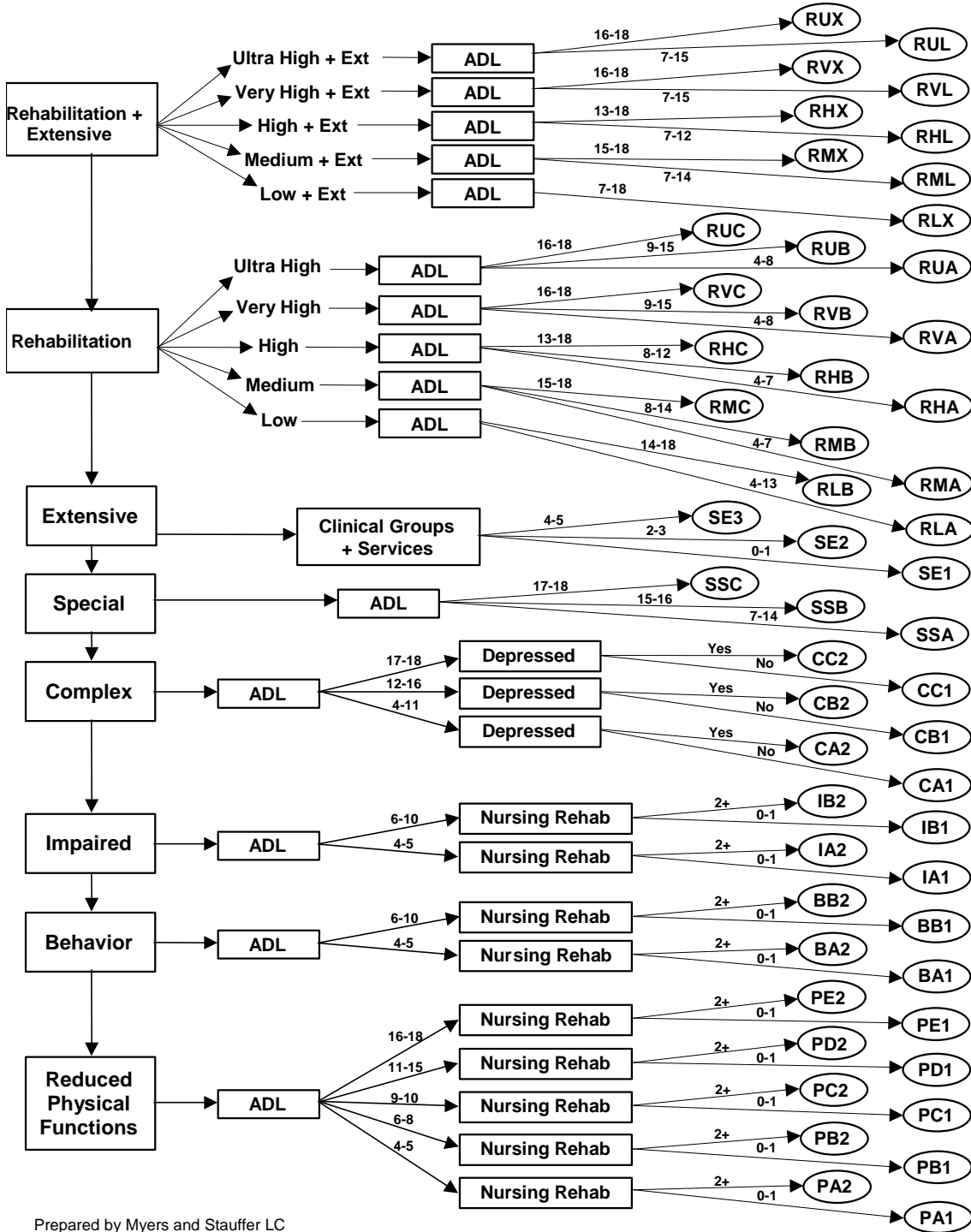
SNF PPS CMI's	Group Code	
	SET C03	SET C04
	53-GRP PPS RURAL	53-GRP PPS URBAN
53	RUX	RUX
52	RUL	RUL
51	RUC	RUC
50	RUB	RUB
49	RUA	RVX
48	RVX	RUA
47	RMX	RMX
46	RVL	RVL
45	RVC	RVC
44	RML	RML
43	RVB	RVB
42	RHX	RHX
41	RHL	RHL
40	RVA	SE3
39	RHC	RHC
38	SE3	RVA
37	RHB	RHB
36	RMC	RMC
35	RHA	RMB
34	RMB	RHA
33	RMA	RLX
32	RLX	RMA
31	SE2	SE2
30	RLB	RLB
29	SE1	SE1
28	SSC	SSC
27	CC2	CC2

SNF PPS CMI's	Group Code	
	SET C03	SET C04
	53-GRP PPS RURAL	53-GRP PPS URBAN
26	RLA	SSB
25	SSB	SSA
24	SSA	RLA
23	CC1	CC1
22	CB2	CB2
21	CB1	CB1
20	CA2	CA2
19	PE2	PE2
18	PE1	PE1
17	CA1	CA1
16	PD2	PD2
15	PD1	PD1
14	IB2	IB2
13	BB2	BB2
12	IB1	IB1
11	PC2	PC2
10	BB1	BB1
9	PC1	PC1
8	IA2	IA2
7	BA2	BA2
6	IA1	IA1
5	PB2	PB2
4	PB1	PB1
3	PA2	PA2
2	BA1	BA1
1	PA1	PA1
1	BC1	BC1

RUG 53 Classification System Version 5.20



RUG 53 Classification System Version 5.20



Prepared by Myers and Stauffer LC

CALCULATION OF TOTAL ADL SCORE

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

The ADL score is used in all determinations of a resident's placement in a RUG 53 category. It is a very important component of the classification process. The total ADL score possibilities range from 4 through 18.

STEP 1

To calculate the ADL score, use the following chart for G1a (bed mobility), G1b (transfer), and G1i (toilet use). **Enter the ADL scores to the right.**

<u>Column A =</u>	and	<u>Column B =</u>	=	<u>ADL score =</u>	(<u>SCORE</u>
-, 0 or 1		(any number)	=	1	(bed mobility)	G1a= _____
2		(any number)	=	3	(transfer)	G1b= _____
3, 4, or 8		-, 0, 1 or 2	=	4	(toilet use)	G1i= _____
3, 4, or 8		3 or 8	=	5		

STEP 2

If K5a (parenteral/IV) is checked, the eating ADL score is 3 **OR**

If K5b (feeding tube) is checked and K6a is 51% or more calories, the eating ADL score is 3 **OR**

If K5b (feeding tube) is checked and K6a is 26% to 50% calories and K6b is 501cc or more per day enteral fluid intake, then the eating ADL score is 3.

If *Step 2* results in an eating score, enter this eating score (G1h) in *Step 3* below and total the ADL score. If not, **go to Step 3** and follow the instructions.

STEP 3

If neither K5a nor K5b (with appropriate intake) are checked, evaluate the chart below for G1hA (eating self-performance). **Enter the eating score to the right.**

<u>Column A (G1h) =</u>	=	<u>ADL score =</u>	(<u>SCORE</u>
-, 0 or 1	=	1	(eating)	G1h= _____
2	=	2		
3, 4, or 8	=	3		

Then total the **SCORES** (G1a + G1b + G1i + G1h) to obtain the **TOTAL RUG-III ADL SCORE**.

TOTAL RUG-III ADL SCORE: _____

CATEGORY I: REHABILITATION PLUS EXTENSIVE SERVICES

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

The RUG-III 53-group model adds 9 new groups to the 44-group model for high cost residents who qualify for both Rehabilitation and Extensive Services. Residents who have an ADL score of 7 or more and have at least one of the criteria in the Extensive Services category and meet the criteria for one of the Rehabilitation categories will qualify in this new category. The Extensive Services count is not completed for this new category.

STEP 1

Determine the resident's ADL score. If the resident's ADL score is 7 or higher, **go to Step 2.**

If the ADL score is less than 7, **skip to Category II now.**

STEP 2

Did the resident receive at least **one** or more of the following extensive services?

K5a	Parenteral/IV	_____
P1ac	IV Medication	_____
P1ai	Suctioning	_____
P1aj	Tracheostomy care	_____
P1al	Ventilator/respirator	_____

If the resident received one or more of the Extensive Services, go to Step 3 and determine if the resident's therapy services satisfy the criteria for one of the Rehabilitation groups.

If the resident did not receive one of the Extensive Services, skip to Category II now.

STEP 3

The resident must meet **one** of the following criteria to classify into a Rehabilitation Plus Extensive group.

- (a) Total the therapy minutes in Section P1b [a, b, c] and if the total number of minutes is more than 45 minutes, the resident may qualify for the Rehabilitation category **OR**
- (b) If this is a Medicare 5-Day or Medicare Readmission/Return assessment and if the expected minutes in T1c are more than 75, the resident may qualify in the Rehabilitation category.

If neither criteria (a) nor (b) is met then the resident will not qualify in a Rehabilitation group, skip to Category III now. If either criteria (a) or (b) is met, continue to determine the appropriate Rehabilitation group.

Ultra High Intensity Criteria

In the last 7 days (Section P1b [a, b, c]):

720 minutes or more (total) of therapy per week **AND**

At least 2 disciplines, 1 for at least 5 days, **AND**

Second discipline for at least 3 days

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
16-18	RUX
7-15	RUL

If the resident does not meet the Ultra High Intensity criteria, go to Very High Intensity criteria.

Very High Intensity Criteria

In the last 7 days (Section P1b [a, b, c,]):

500 minutes or more (total) of therapy per week **AND**

At least 1 discipline for at least 5 days

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
16-18	RVX
7-15	RVL

If the resident does not meet the Very High Intensity criteria, go to High Intensity criteria.

High Intensity Criteria (either (1) or (2) below may qualify)

(1) In the last 7 days (Section P1b [a, b, c]):

325 minutes or more (total) of therapy per week **AND**

At least 1 discipline for at least 5 days

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply (Section T1b, T1c, T1d and Section P1b [a, b, c]):

Ordered Therapies, T1b is checked **AND**

In the last 7 days:

Received 65 or more minutes, P1b [a, b, c] **AND**

In the first 15 days from admission:

520 or more minutes expected, T1d **AND**

Rehabilitation therapy services expected on 8 or more days, T1c.

RUG-III ADL Score

13-18

7-12

RUG 53 Class

RHX

RHL

If the resident does not meet the High Intensity criteria, go to Medium Intensity criteria.

Medium Intensity Criteria (either (1) or (2) below may qualify)

(1) In the last 7 days: (Section P1b [a, b, c]

150 minutes or more (total) of therapy per week **AND**

At least 5 days of any combination of the 3 disciplines

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Resident, then the following apply: (Section T1b, T1c, T1d):

Ordered Therapies, T1b is checked **AND**

In the first 15 days from admission:

240 or more minutes are expected, T1d **AND**

Rehabilitation therapy services expected on 8 or more days, T1c.

RUG-III ADL Score

15-18

7-14

RUG 53 Class

RMX

RML

If the resident does not meet the Medium Intensity criteria, go to Low Intensity criteria.

Low Intensity Criteria (either (1) or (2) below may qualify):

(1) In the last 7 days (Section P1b [a, b, c] and P3):

45 minutes or more (total) of therapy per week **AND**

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

2 or more nursing rehabilitation services and training and skill practice* received for at least 15 minutes each with each administered for 6 or more days.

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Resident, then the following apply (Section P3 and Section T1b, T1c, T1d):

Ordered therapies T1B is checked **AND**

In the first 15 days from admission:

75 or more minutes are expected, T1d **AND**

Rehabilitation therapy services expected on 5 or more days, T1c **AND**

2 or more nursing rehabilitation services and training and skill practice* received for at least 15 minutes each with each administered for 2 or more days, P3.

*Nursing Rehabilitation Services

H3a, b** Any scheduled toileting program and/or bladder retraining program
P3a, b** Passive and/or active ROM
P3c Splint or brace assistance

*Training and Skill Practice in:

P3d, f** Bed mobility and/or walking training
P3e Transfer training
P3g Dressing or grooming training
P3h Eating or swallowing training
P3i Amputation/Prosthesis care
P3j Communication training

**Count as 1 service even if both provided

RUG-III ADL Score

7-18

RUG 53 Class

RLX

RUG 53 Classification: _____

CATEGORY II: REHABILITATION

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this category are based on various rehabilitation therapy services provided. Rehabilitation therapy is any combination of the disciplines of physical, occupational or speech therapy. This information is found in Section P1b. Nursing rehabilitation is also considered for the low intensity classification level. It consists of providing active or passive range of motion, splint/brace assistance, training in transfer, training in dressing/grooming, training in eating/swallowing, training in bed mobility or walking, training in communication, amputation/prosthesis care, any scheduled toileting program, and bladder retraining program. This information is found in Section P3 and H3a and H3b of the MDS Version 2.0.

STEP 1

The resident must meet **one** of the following criteria to classify into a Rehabilitation group.

- (a) Total the therapy minutes in Section P1b [a, b, c] and if the total number of minutes is more than 45 minutes, the resident may qualify for the Rehabilitation category **OR**
- (b) If this is a Medicare 5-Day or Medicare Readmission/Return assessment, and if the expected minutes in T1c are more than 75, the resident may qualify in the Rehabilitation category.

If neither criteria (a) nor (b) is met then the resident will not qualify in a Rehabilitation group, skip to Category III now. If either criteria (a) or (b) is met, continue to determine the appropriate Rehabilitation group.

Ultra High Intensity Criteria

In the last 7 days (Section P1b [a, b, c]):

720 minutes or more (total) of therapy per week **AND**

At least 2 disciplines, 1 for at least 5 days, **AND**

Second discipline for at least 3 days

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
16-18	RUC
9-15	RUB
4-8	RUA

If the resident does not meet the Ultra High Intensity criteria, go to Very High Intensity criteria.

Very High Intensity Criteria

In the last 7 days (Section P1b [a, b, c]):

500 minutes or more (total) of therapy per week **AND**

At least 1 discipline for at least 5 days

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
16-18	RVC
9-15	RVB
4-8	RVA

If the resident does not meet the Very High Intensity criteria, go to High Intensity criteria.

High Intensity Criteria (either (1) or (2) below may qualify)

(1) In the last 7 days (Section P1b [a, b, c]):

325 minutes or more (total) of therapy per week **AND**

At least 1 discipline for at least 5 days

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply (Section T1b, T1c, T1d and Section P1b [a, b, c]):

Ordered Therapies, T1b is checked **AND**

In the last 7 days:

Received 65 or more minutes, P1b [a, b, c] **AND**

In the first 15 days from admission:

520 or more minutes expected, T1d **AND**

Rehabilitation therapy services expected on 8 or more days, T1c.

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
13-18	RHC
8-12	RHB
4-7	RHA

If the resident does not meet the High Intensity criteria, go to Medium Intensity criteria.

Medium Intensity Criteria (either (1) or (2) below may qualify)

(1) In the last 7 days: (Section P1b [a, b, c])

150 minutes or more (total) of therapy per week **AND**

At least 5 days of any combination of the 3 disciplines

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Resident, then the following apply: (Section T1b, T1c, T1d):

Ordered Therapies, T1b is checked **AND**

In the first 15 days from admission:

240 or more minutes are expected, T1d **AND**

Rehabilitation therapy services expected on 8 or more days, T1c.

<u>RUG-III ADL Score</u>	<u>RUG 53 Class</u>
15-18	RMC
8-14	RMB
4-7	RMA

If the resident does not meet the Medium Intensity criteria, go to Low Intensity criteria.

Low Intensity Criteria (either (1) or (2) below may qualify):

(1) In the last 7 days (Section P1b [a, b, c] and P3):

45 minutes or more (total) of therapy per week **AND**

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

2 or more nursing rehabilitation services and training and skill practice* received for at least 15 minutes each with each administered for 6 or more days.

(2) If this is a Medicare 5-Day or a Medicare Readmission/Return Resident, then the following apply (Section P3 and Section T1b, T1c, T1d):

Ordered therapies T1B is checked **AND**

In the first 15 days from admission:

75 or more minutes are expected, T1d **AND**

Rehabilitation therapy services expected on 5 or more days, T1c **AND**

2 or more nursing rehabilitation services and training and skill practice* received for at least 15 minutes each with each administered for 2 or more days, P3.

*Nursing Rehabilitation Services

H3a, b** Any scheduled toileting program and/or bladder retraining program

P3a, b** Passive and/or active ROM

P3c Splint or brace assistance

*Training and Skill Practice in:

P3d, f** Bed mobility and/or walking training

P3e Transfer training

P3g Dressing or grooming training

P3h Eating or swallowing training

P3i Amputation/Prosthesis care

P3j Communication training

**Count as 1 service even if both provided

RUG-III ADL Score

14-18

4-13

RUG 53 Class

RLB

RLA

RUG 53 Classification: _____

If the resident does not classify in the Rehabilitation Category, go to *Category III*.

CATEGORY III: EXTENSIVE SERVICES

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

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

STEP 1

Is the assessment coded for receiving **one** or more of the following extensive services?

- K5a Parenteral/IV
- P1ac IV Medication
- P1ai Suctioning
- P1aj Tracheostomy Care
- P1al Ventilator or Respirator

If the resident does not receive one of the above, *skip to Category IV now.*

STEP 2

If at least **one** of the above treatments is coded and the resident has a total RUG-III ADL score of 7 or more, he/she classifies as Extensive Services. *Move to Step 3.*

If the resident's ADL score is 6 or less, he/she classifies as Special Care (SSA). *Skip to Category IV, Step 5 now* and record the classification as SSA.

STEP 3

The resident classifies in the Extensive Services category. To complete the scoring, however, an extensive count will need to be determined. If K5a (Parenteral IV) is checked, add 1 to the extensive count below. If P1ac (IV Medication) is checked, add 1 to the extensive count below.

To complete the extensive count, determine if the resident also meets the criteria for Special Care, Clinically Complex, and Impaired Cognition. The final split for SE1, SE2, or SE3 will be completed after these criteria have been scored. *Go to Category IV, Step 1 now.*

K5a Parenteral/IV _____

P1ac IV Medication _____

Extensive Count _____

(Enter this count in Step 4 on Page 19.)

CATEGORY IV: SPECIAL CARE

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP 1

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

I1s	Cerebral palsy, with ADL sum ≥ 10
I1w	Multiple sclerosis, with ADL sum ≥ 10
I1z	Quadriplegia, with ADL sum ≥ 10
J1h	Fever and <u>one</u> of the following:
I2e	Pneumonia
J1c	Dehydration
J1o	Vomiting
K3a	Weight loss
K5b	Tube feeding*
K5b, I1r	Tube feeding* and aphasia
M1a, b, c, d	Ulcers 2+ sites over all stages with 2 or more skin treatments**
M2a	Any stage 3 or 4 pressure ulcer with 2 or more skin treatments**
M4g, M4c	Surgical wounds or open lesions with 1 or more skin treatments***
P1ah	Radiation treatment
P1bdA	Respiratory therapy = 7 days

*Tube feeding classification requirements:

- (1) K6a is 51% or more calories **OR**
- (2) K6a is 26% to 50% calories and K6b is 501 cc or more per day fluid enteral intake in the last 7 days

** 2 or more Skin treatments:

- M5a, b[#] Pressure relieving chair and/or bed
- M5c Turning/repositioning
- M5d Nutrition or hydration intervention
- M5e Ulcer care
- M5g Application of dressings (not to feet)
- M5h Application of ointments (not to feet)

[#]Count as 1 treatment even if both provided

***1 or more Skin Treatments

M5f	Surgical wound care
M5g	Application of dressing (not to feet)
M5h	Application of ointments (not to feet)

If the resident does not have one of the above conditions, *skip to Category V now.*

STEP 2

If at least one of the special care conditions above is met:

If the resident previously qualified for Extensive Services, proceed to Extensive Count Determination. ***Go to Step 3. OR***

If the RUG-III ADL score is 7 or more, the resident classifies as Special Care. ***Go to Step 4. OR***

If the RUG-III ADL score is 6 or less, the resident classifies as Clinically Complex. ***Skip to Category V, Step 4.***

STEP 3 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category and the evaluation of the Special Care category is done only to determine if the resident is an SE1, SE2 or SE3, **enter 1 for the extensive count below and skip to Category V, Step 1.**

Extensive Count _____

(Enter this count in Step 4 on Page19)

STEP 4

If at least one of the special care conditions above is coded and the RUG-III ADL score is 7 or more, the resident classifies in the Special Care category. Select the Special Care classification below based on the ADL score and ***record this classification in Step 5:***

<u>RUG III ADL Score</u>	<u>RUG 53 Class</u>
17 - 18	SSC
15 - 16	SSB
7 - 14	SSA

STEP 5

Record the appropriate Special Care classification:

RUG 53 Classification: _____

CATEGORY V: CLINICALLY COMPLEX

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP 1

Determine if the resident is coded for **one** of the following conditions:

B1	Coma and not awake (N1a, b, c = 0) and completely ADL dependent (G1aA, G1bA, G1hA, G1iA= 4 or 8)
I1a, O3, P8	Diabetes mellitus and injection 7 days and Physician order changes \geq 2 days
I1v	Hemiplegia with ADL sum \geq 10
I2e	Pneumonia
I2g	Septicemia
J1c	Dehydration
J1j	Internal bleeding
K5b	Tube feeding*
M4b	Burns
M6b, c, f	Infection of foot (M6b or M6c) with treatment in M6f
P1aa	Chemotherapy
P1ab	Dialysis
P1ag	Oxygen therapy
P1ak	Transfusions
P7, P8	Number of Days in last 14, Physician Visit/order changes: Visits \geq 1 day and changes \geq 4 days OR Visits \geq 2 days and changes \geq 2 days

*Tube feeding classification requirements

- (1) K6a is 51% or more calories **OR**
- (2) K6a is 26% to 50% calories and K6b is 501 cc or more per day fluid enteral intake in the last 7days.

If the resident does not have one of the above conditions, **skip to Category VI now.**

STEP 2

If at least one of the clinically complex conditions above is met:

Extensive Count Determination. Go to Step 3 **OR**

Clinically Complex classification. The resident classifies as Clinically Complex. **Go to Step 4.**

STEP 3 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Clinically Complex category is done only to determine if the resident is an SE1, SE2, or SE3, **enter 1 for the extensive count below and skip to Category VI Step 1.**

Extensive Count _____

(Enter this count in Step 4 on Page 19.)

STEP 4

Evaluate for Depression. Signs and symptoms of a depressed or sad mood are used as a third level split for the Clinically Complex category. Residents with a depressed or sad mood are identified by the presence of a combination of symptoms, as follows:

Count the number of indicators of depression. The resident is considered to have indicators of depression if he/she has at least 3 of the following:

(Indicator exhibited in last 30 days and coded “1” or “2”)

- E1a Negative statements
- E1b Repetitive questions
- E1c Repetitive verbalization
- E1d Persistent anger with self and others
- E1e Self deprecation
- E1f Expressions of what appear to be unrealistic fears
- E1g Recurrent statements that something terrible is going to happen
- E1h Repetitive health complaints
- E1i Repetitive anxious complaints/concerns (Non-health related)
- E1j Unpleasant mood in morning
- E1k Insomnia/changes in usual sleep pattern
- E1l Sad, pained, worried facial expression
- E1m Crying, tearfulness
- E1n Repetitive physical movements
- E1o Withdrawal from activities of interest
- E1p Reduced social interaction

Does the resident have 3 or more indicators of depression? **YES** _____ **NO** _____

STEP 5

Assign the Clinically Complex category based on both the ADL score and the presence or absence of depression.

<u>RUG III ADL Score</u>	<u>Depressed</u>	<u>RUG 53 Class</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

RUG 53 Classification: _____

CATEGORY VI: IMPAIRED COGNITION

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

STEP 1

The classification groups in this category are based on the resident exhibiting cognitive impairment. Determine if the resident is cognitively impaired according to the RUG-III Cognitive Performance Scale (CPS).

The resident is cognitively impaired if **one** of the three following conditions exists:

- (1) B1 – Coma and not awake (N1a, b, c = 0) and completely ADL dependent (G1aA, G1bA, G1hA, G1iA = 4 or 8) and B4 is blank or unknown (value "-") **OR**
- (2) B4 – Severely impaired cognitive skills (B4 = 3) **OR**
- (3) B2a, B4, C4 – These 3 items (B2a, B4, and C4) are all assessed with none being blank or unknown (“-“) **AND**

2 or more of the following impairment indicators are present

- B2a = Short term memory problem
- B4 > 0 Cognitive skills problem
- C4 > 0 Problem being understood **AND**

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

- B4 >= 2 Severe cognitive skills problem
- C4 >= 2 Severe problem being understood

If the resident does not meet the criteria for being cognitively impaired:

- a. The evaluation is being done to determine if the resident is in SE1, SE2, or SE3, **skip to Step 4 on Page 19 “Category III: Extensive Services (cont.)” OR**
- b. **Skip to Category VII now.**

STEP 2

If the resident meets the criteria for cognitive impairment:

Extensive Count Determination. Go to Step 3. **OR**

Impaired Cognition classification. The resident may classify as Impaired Cognition. **Go to Step 4.**

STEP 3 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Impaired Cognition category is done to determine if the resident is in SE1, SE2, or SE3, enter 1 for the extensive count below and *skip to Step 4 on Page 19*, “Category III: Extensive Services (cont.)”

Extensive Count _____

(Enter this count in Step 4 on Page 19.)

STEP 4

The resident’s total RUG-III ADL score must be 10 or less to be classified in the RUG-III Impaired Cognition category. If the ADL score is greater than 10, ***skip to Category VIII now***. If the ADL score is 10 or less and one of the impaired cognition conditions above is present, then the resident classifies as Impaired Cognition. ***Proceed with Step 5.***

STEP 5

Determine Nursing Rehabilitation Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

*Nursing Rehabilitation Services

H3a, b** Any scheduled toileting program and/or bladder retraining program

P3a, b** Passive and/or active ROM

P3c Splint or brace assistance

*Training and Skill Practice in:

P3d, f** Bed mobility and/or walking training

P3e Transfer training

P3g Dressing or grooming training

P3h Eating or swallowing training

P3i Amputation/Prosthesis care

P3j Communication training

**Count as 1 service even if both provided

Nursing Rehabilitation Count _____

STEP 6

Select the final RUG-III classification by using the total RUG-III ADL score and the Nursing Rehabilitation Count.

RUG III ADL Score

6 - 10

6 - 10

4 - 5

4 - 5

Nursing Rehabilitation

2 or more

0 or 1

2 or more

0 or 1

RUG 53 Class

IB2

IB1

IA2

IA1

RUG 53 Classification: _____

CATEGORY III: EXTENSIVE SERVICES (cont.)

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

If the resident previously met the criteria for the Extensive Services category with an ADL score of 7 or more, complete the Extensive Services classification here.

STEP 4 (Extensive Count Determination)

Complete the scoring of the Extensive Services by summing the extensive count items:

Page 10	Extensive Count - Extensive Services	_____
Page 12	Extensive Count - Special Care	_____
Page 14	Extensive Count - Clinically Complex	_____
Page 17	Extensive Count - Impaired Cognition	_____

Total Extensive Count _____

Select the final Extensive Service classification using the Total Extensive Count.

<u>Extensive Count</u>	<u>RUG 53 Class</u>
4 or 5	SE3
2 or 3	SE2
0 or 1	SE1

RUG 53 Classification: _____

CATEGORY VII: BEHAVIOR PROBLEMS

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

STEP 1

The classification groups in this category are based on the resident exhibiting behavior problems. Determine if the resident exhibits behavior problems. The resident's total RUG-III ADL score must be 10 or less. **If the score is greater than 10, skip to Category VIII now.**

STEP 2

One of the following must be met:

- E4aA Wandering (2 or 3)
- E4bA Verbal abuse (2 or 3)
- E4cA Physical abuse (2 or 3)
- E4dA Inappropriate behavior (2 or 3)
- E4eA Resisted care (2 or 3)
- J1e Delusions
- J1i Hallucinations

If the resident does not meet one of the above, **skip to Category VIII now.**

STEP 3

Determine Nursing Rehabilitation

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

*Nursing Rehabilitation Services

- H3a, b** Any scheduled toileting program and/or bladder retraining program
- P3a, b** Passive and/or active ROM
- P3c Splint or brace assistance

*Training and Skill Practice in:

- P3d, f** Bed mobility and/or walking training
- P3e Transfer training
- P3g Dressing or grooming training
- P3h Eating or swallowing training
- P3i Amputation/Prosthesis care
- P3j Communication training

**Count as 1 service even if both provided

Nursing Rehabilitation Count _____

STEP 4

Select the final RUG 53 classification by using the total RUG-III ADL score and the Nursing Rehabilitation Count.

<u>RUG III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG 53 Class</u>
6 - 10	2 or more	BB2
6 - 10	0 or 1	BB1
4 - 5	2 or more	BA2
4 - 5	0 or 1	BA1

RUG 53 Classification: _____

CATEGORY VIII: REDUCED PHYSICAL FUNCTIONS

RUG 53 GROUP HIERARCHICAL CLASSIFICATION

STEP 1

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Impaired Cognition or Behavior Problems categories but have a RUG-III ADL score greater than 10, are placed in this category.

STEP 2

Determine Nursing Rehabilitation

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

*Nursing Rehabilitation Services

H3a, b** Any scheduled toileting program and/or bladder retraining program

P3a, b** Passive and/or active ROM

P3c Splint or brace assistance

*Training and Skill Practice in:

P3d, f** Bed mobility and/or walking training

P3e Transfer training

P3g Dressing or grooming training

P3h Eating or swallowing training

P3i Amputation/Prosthesis care

P3j Communication training

**Count as 1 service even if both provided

Nursing Rehabilitation Count _____

STEP 3

Select the RUG-III classification by using the ADL score and the Nursing Rehabilitation Count.

<u>RUG III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG 53 Class</u>
16 - 18	2 or more	PE2
16 - 18	0 or 1	PE1
11 - 15	2 or more	PD2
11 - 15	0 or 1	PD1

9 - 10	2 or more	PC2
9 - 10	0 or 1	PC1
6 - 8	2 or more	PB2
6 - 8	0 or 1	PB1
4 - 5	2 or more	PA2
4 - 5	0 or 1	PA1

RUG 53 Classification: _____