
**RESOURCE UTILIZATION GROUP,
VERSION IV**

48-GROUP USER GUIDE

**Mississippi Division of Medicaid
Myers and Stauffer LC**

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1 OVERVIEW

INTRODUCTION

The Division of Medicaid (DOM) contracted with Myers and Stauffer LC to develop and design a web portal for Mississippi's Medicaid nursing facilities.

PURPOSE

The purpose of this calculation guide for the 48-Group model is to provide a step-by-step instructional guide to manually determine the appropriate RUG-IV classification based on the responses from an MDS 3.0 assessment. This guide takes the standard grouper logic and puts it into a readable format.

SCOPE

In the RUG-IV 48-Group model, compared to the RUG-IV 66 (Medicare) group model, the Rehabilitation groups have been collapsed from 23 to 5 groups and the different levels of rehabilitation service are only distinguishable by the ADL range. The simplified Rehabilitation classification in the 48-Group model is better suited for long-term care residents, which classify on the basis of nursing care need only. In the 48-group model, the Extensive Services groups have the highest level of need. For this reason, the Extensive Services groups are placed first in the hierarchy.

There are two basic approaches to RUG-IV Classification: (1) **Hierarchical Classification** and (2) **Index Maximizing Classification**. This guide, developed for training purposes, is presented in the hierarchical methodology. Instructions for adapting this guide to the index maximizing approach are included below (see "Index Maximizing Classification").

Hierarchical Classification:

Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top of the groups (Extensive Services) and work down through the RUG-IV model; the assigned classification is the first group for which the assessment meets qualifiers. In other words, start with Extensive Services and work down through the groups in hierarchical order: Extensive Services, Rehabilitation, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 48 individual RUG-IV groups for which the assessment qualifies, assign that group as the RUG-IV classification.

If the assessment qualifies in the Extensive Services group and a Special Care High group, always choose the Extensive Services classification because it is higher in the hierarchy. Likewise, if the assessment qualifies for Special Care Low and Clinically Complex, choose Special Care Low. In hierarchical classification, always pick the group nearest the top of the model.

Index Maximizing Classification:

The index maximizing classification approach is used in the Medicare PPS and many Medicaid payment systems. There is a designated Case Mix Index (CMI), a numeric value that represents the relative resource utilization associated with each of the 48 RUG-IV classifications. For index maximizing, first determine all of the RUG-IV groups for which the assessment qualifies. Then, from the qualifying groups, choose the RUG-IV group that has the highest CMI.

While the following guide illustrates the hierarchical classification method, it can be adapted for index maximizing. For index maximizing, evaluate all classification groups rather than assigning the assessment to the first qualifying group. In the index maximizing approach, again start at the top of the model, and then work down through all of the RUG-IV classification groups. When all 48-groups are evaluated, determine the qualifying group with the highest CMI. This group is the index-maximized classification for the assessment.

For Case Mix purposes the CMI set F01 is used for index maximizing classification with logic version 1.03 of the RUG-IV grouper.

2 ADL CALCULATION SCORE

INTRODUCTION

The Activities of Daily Living (ADL) score is a component of the calculation for the placement in all RUG-IV groups. The ADL score is based upon the four “late loss” ADLs (bed mobility, transfer, toilet use, and eating). This score indicates the level or functional assistance of support required by the resident and is a vital component of the classification process.

Step #1:

To calculate the ADL score use the following chart for bed mobility (G0110A), transfer (G0110B), and toilet use (G0110I) and record the ADL score for each:

| Self-Performance Column 1 = | And | Support Provided Column 2 = | ADL Score = | Record Score |
|--------------------------------|-----|--------------------------------|----------------|----------------------|
| -, 0, 1, 7 or 8 | and | -, 0, 1, 2, 3 or 8 | 0 | Bed Mobility = _____ |
| 2 | and | -, 0, 1, 2, 3 or 8 | 1 | Transfer = _____ |
| 3 | and | -, 0, 1 or 2 | 2 | Toilet Use = _____ |
| 4 | and | -, 0, 1 or 2 | 3 | |
| 3 or 4 | and | 3 | 4 | |

Step #2:

To calculate the ADL score for Eating (G0110H), use the following chart and record the ADL score for eating:

| Self-Performance Column 1 = | And | Support Provided Column 2 = | ADL Score = | Record Score |
|--------------------------------|-----|--------------------------------|----------------|----------------|
| -, 0, 1, 2, 7 or 8 | and | -, 0, 1 or 8 | 0 | Eating = _____ |
| -, 0, 1, 2, 7 or 8 | and | 2 or 3 | 2 | |
| 3 or 4 | and | -, 0 or 1 | 2 | |
| 3 | and | 2 or 3 | 3 | |
| 4 | and | 2 or 3 | 4 | |

Step #3:

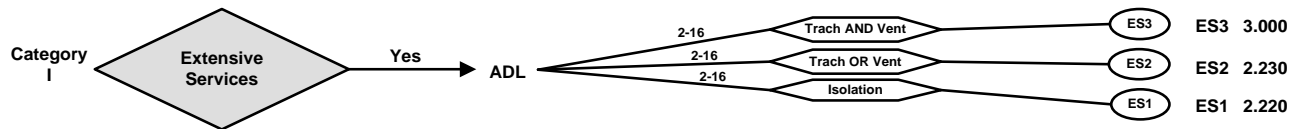
Sum the scores for Bed Mobility, Transfer, Toilet Use and Eating to determine the total ADL score. The total ADL score ranges from 0 through 16; a score of 0 represents independence whereas a score of 16 represents total dependence.

Record Total ADL Score _____

The other ADLs are also very important, but the research indicates that the late loss ADLs predict resource use most accurately. The early loss ADLs do not significantly change the classification hierarchy or add to the prediction of resource use.

3 RUG-IV 48-GROUP CALCULATION GUIDE

EXTENSIVE SERVICES



Determine whether the assessment is coded for at least **one** of the following conditions or services:

| Extensive Services Conditions or Services | |
|---|---|
| O0100E, 2 | Tracheostomy care (while a resident) |
| O0100F, 2 | Ventilator or respirator (while a resident) |
| O0100M, 2 | Infection isolation (while a resident) |

Step #1:

- A. If the assessment is not coded with one of the above conditions or services, **skip to Category II, Rehabilitation.**
- B. If the assessment is coded with at least one of the above conditions or services, and the ADL score is 0 or 1, **skip to Category V, Clinically Complex (CA1 or CA2), Step #2.**
- C. If the assessment is coded with at least one of the above conditions or services, and the ADL score is 2 or more, the assessment classifies as Extensive Services; **proceed to Step #2.**

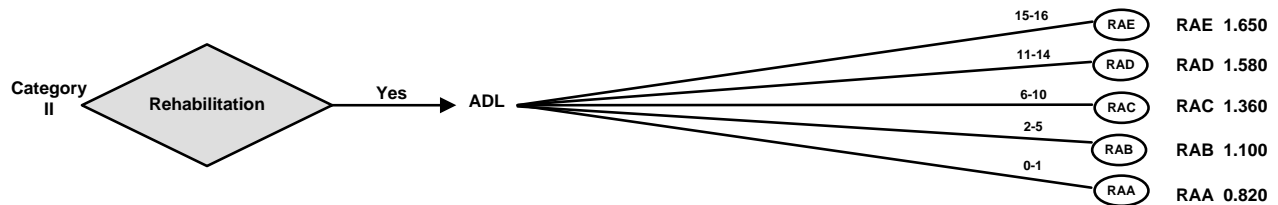
Step #2:

The final classification for Extensive Services is based on the following chart:

| <u>Extensive Service Conditions or Services (while a resident)</u> | <u>RUG-IV Class</u> | <u>CMI</u> |
|---|---------------------|------------|
| A. Tracheostomy care and ventilator/respirator | ES3 | 3.000 |
| B. Tracheostomy care or ventilator/respirator | ES2 | 2.230 |
| C. Infection isolation without tracheostomy care and without ventilator/respirator | ES1 | 2.220 |

Extensive Services Classification _____

REHABILITATION



Rehabilitation classification is any combination of the disciplines of licensed speech-language pathology, occupational therapy or physical therapy services. Restorative Nursing programs are also considered for the low intensity therapy level.

Determine whether the assessment is coded for therapy minutes and days:

| O0400 Therapies | |
|--|-----------------------------------|
| O0400A - Speech-Language Pathology and Audiology Services | |
| O0400A, 1 | Individual Minutes |
| O0400A, 2 | Concurrent Minutes |
| O0400A, 3 | Group Minutes |
| O0400A, 4 | Days |
| O0400B - Occupational Therapy | |
| O0400B, 1 | Individual Minutes |
| O0400B, 2 | Concurrent Minutes |
| O0400B, 3 | Group Minutes |
| O0400B, 4 | Days |
| O0400C - Physical Therapy | |
| O0400C, 1 | Individual Minutes |
| O0400C, 2 | Concurrent Minutes |
| O0400C, 3 | Group Minutes |
| O0400C, 4 | Days |
| O0420 | Distinct Calendar Days of Therapy |

Step #1:

- If the assessment is not coded for therapy minutes and days, **skip to Category III, Special Care High.**
- If the assessment is coded for therapy minutes and days, calculate and sum the total therapy minutes. If the total sum of therapy minutes is less than 45 minutes, the resident does not classify in the Rehabilitation Category; **skip to Category III, Special Care High.**
- If the assessment is coded for therapy minutes and days, and the total sum of therapy minutes is equal to or greater than 45 minutes, use the following criteria to determine the Rehabilitation Classification.

Step #1 C continued:

- (1) Received 150 or more minutes and
At least 5 distinct days of any combination of the 3 disciplines, **proceed to Step #3.**

OR

- (2) Received 45 or more minutes and
At least 3 distinct days of any combination of the 3 disciplines and
2 or more restorative nursing programs received for 6 or more days,
proceed to Step #2.

Step #2:

Determine Restorative Nursing Program Count.

Count the number of restorative nursing programs provided for 6 or more days:

| Restorative Nursing Programs | |
|--|-------------------------------------|
| H0200C | Current toileting program or trial# |
| H0500 | Bowel toileting program# |
| O0500A | Range of motion (passive)# |
| O0500B | Range of motion (active)# |
| O0500C | Splint or brace assistance |
| O0500D | Bed mobility# |
| O0500F | Walking# |
| O0500E | Transfer |
| O0500G | Dressing and/or grooming |
| O0500H | Eating and/or swallowing |
| O0500I | Amputation/Prosthesis care |
| O0500J | Communication |
| # For RUG classification count as one program even if both provided | |

Record Restorative Nursing Program Count: _____

Proceed to Step #3.

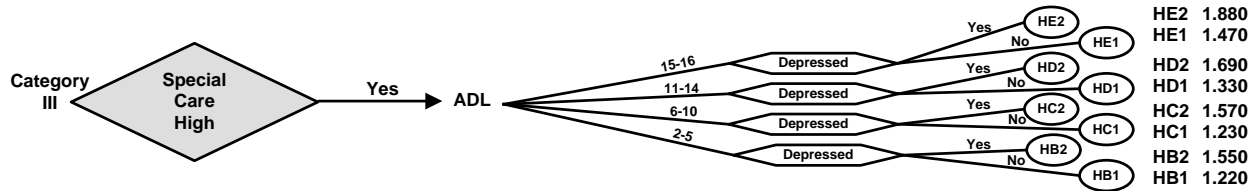
Step #3:

The final classification for Rehabilitation is based on the following chart:

| <u>ADL Score</u> | <u>RUG-IV Class</u> | <u>CMI</u> |
|------------------|---------------------|------------|
| 15 - 16 | RAE | 1.650 |
| 11 - 14 | RAD | 1.580 |
| 6 - 10 | RAC | 1.360 |
| 2 - 5 | RAB | 1.100 |
| 0 - 1 | RAA | 0.820 |

Rehabilitation Classification _____

SPECIAL CARE HIGH



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

| Special Care High Conditions or Services | |
|--|---|
| B0100 | Comatose with ADL Self-Performance dependency coded 4 or 8 for all late loss ADLs |
| I2100 | Septicemia |
| I2900 N0350A N0350B | Diabetes Mellitus (DM) with both of the following: Insulin injections for all 7 days Insulin order changes on 2 or more days |
| I5100 | Quadriplegia with ADL score of 5 or higher |
| I6200 J1100C | Chronic Obstructive Pulmonary Disease (COPD) with Shortness of breath when lying flat |
| J1550A I2000 J1550B K0300, 1 or 2 K0510B, 1 or 2 | Fever with one of the following: Pneumonia Vomiting Weight Loss Feeding Tube with requirements* |
| K0510A, 1 or 2 | Parenteral/IV Feeding |
| O0400D, 2 | Respiratory Therapy for all 7 days |
| <p><i>*Tube feeding requirements:</i></p> <p>(1) Proportion of total calories received through parenteral or tube feeding (K0710A3) is 51% or more of total calories during entire period</p> <p>OR</p> <p>(2) Proportion of total calories received through parenteral or tube feeding (K0710A3) is 26% to 50% of total calories and average fluid intake per day (K0710B3) is 501 cc or more during entire period</p> | |

Step 1:

- A. If the assessment does not have one of these conditions or services coded, **skip to Category IV, Special Care Low.**
- B. If the assessment does have one of these conditions or services coded and the ADL score is 0 or 1, the assessment classifies as Clinically Complex; **skip to Category V, Clinically Complex (CA1 or CA2), Step #2.**
- C. If the assessment does have one of these conditions or services coded and the ADL score is 2 or more (with the exception of Comatose which requires total dependency and Quadriplegia which requires an ADL score of 5 or higher), the assessment classifies as Special Care High; **proceed to Step #2.**

Step #2:

This step evaluates for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Assessments indicating signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in the RAI Manual (Chapter 3, Section D).

The following MDS items comprise the Resident Mood Interview PHQ-9© and Staff Assessment of Resident Mood (PHQ-9-OV©):

| Resident Interview | Resident Mood Symptom Frequency | Staff Assessment |
|---------------------------|---|-------------------------|
| D0200A, 2 | Little interest or pleasure in doing things | D0500A, 2 |
| D0200B, 2 | Feeling (or appearing) down, depressed, or hopeless | D0500B, 2 |
| D0200C, 2 | Trouble falling or staying asleep, or sleeping too much | D0500C, 2 |
| D0200D, 2 | Feeling tired or having little energy | D0500D, 2 |
| D0200E, 2 | Poor appetite or overeating | D0500E, 2 |
| D0200F, 2 | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | D0500F, 2 |
| D0200G, 2 | Trouble concentrating on things, such as reading or watching TV | D0500G, 2 |
| D0200H, 2 | Moving or speaking slowly that others have noticed or being fidgety or restless; moving around a lot more than usual | D0500H, 2 |
| D0200I, 2 | Thoughts better off dead or hurting self | D0500I, 2 |
| NA | Being short-tempered, easily annoyed | D0500J, 2 |
| D0300 | <u>Total Severity Score</u> These items are used to calculate a Total Severity Score; Item D0300 for the resident interview and Item D0600 for the staff assessment. | D0600 |

The assessment indicates depression for RUG-IV classification if:

- A.** The Total Severity Score PHQ-9© (D0300), which includes items D0200A-I (Resident Interview), is greater than or equal to 10 but not 99

OR

- B.** The Total Severity Score PHQ-9-OV© (D0600), which includes items D0500A-J (Staff Assessment), is greater than or equal to 10

Resident is considered depressed: Yes _____ No _____

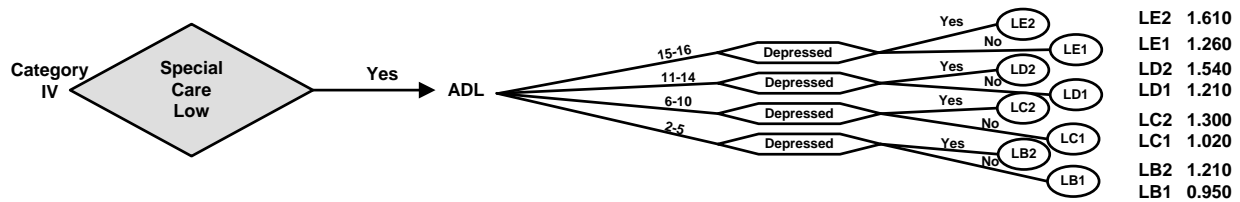
Step #3:

The final classification for Special Care High is based on the following chart:

| <u>ADL Score</u> | <u>Depressed</u> | <u>RUG-IV Class</u> | <u>CMI</u> |
|------------------|------------------|---------------------|------------|
| 15 - 16 | Yes | HE2 | 1.880 |
| 15 - 16 | No | HE1 | 1.470 |
| 11 - 14 | Yes | HD2 | 1.690 |
| 11 - 14 | No | HD1 | 1.330 |
| 6 - 10 | Yes | HC2 | 1.570 |
| 6 - 10 | No | HC1 | 1.230 |
| 2 - 5 | Yes | HB2 | 1.550 |
| 2 - 5 | No | HB1 | 1.220 |

Special Care High Classification _____

SPECIAL CARE LOW



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

| Special Care Low Conditions or Services | |
|---|---|
| I4400 | Cerebral Palsy with ADL score of 5 or higher |
| I5200 | Multiple Sclerosis (MS) with ADL score of 5 or higher |
| I5300 | Parkinson's Disease with ADL score of 5 or higher |
| I6300 O0100C, 2 | Respiratory Failure with Oxygen therapy (while a resident) |
| K0510B, 1 or 2 | Feeding tube with requirements* |
| M0300B, 1 | Two or more Stage 2 pressure ulcers with two or more selected skin treatments** |
| M0300C, 1 | Stage 3 pressure ulcer with two or more selected skin treatments** |
| M0300D, 1 | Stage 4 pressure ulcer with two or more selected skin treatments** |
| M0300F, 1 | Unstageable-Slough and/or eschar with two or more selected skin treatments** |
| M1030 | Two or more Venous/Arterial ulcers with two or more selected skin treatments** |
| M0300B, 1 M1030 | One Stage 2 pressure ulcer and One Venous/Arterial ulcer with two or more selected skin treatments** |
| M1040A M1200I | Infection of the foot with Application of dressing to feet |
| M1040B M1200I | Diabetic foot ulcer with Application of dressing to feet |
| M1040C M1200I | Other open lesion on the foot with Application of dressing to feet |
| O0100B, 2 | Radiation treatment (while a resident) |
| O0100J, 2 | Dialysis treatment (while a resident) |
| <p>*Tube feeding requirements:</p> <p>(1) Proportion of total calories received through parenteral or tube feeding (K0710A3) is 51% or more of total calories during entire period</p> <p>OR</p> <p>(2) Proportion of total calories received through parenteral or tube feeding (K0710A3) is 26% to 50% of total calories and average fluid intake (K0710B3) is 501 cc or more during entire period</p> | |

| **Selected Skin Treatments for Special Care Low | |
|--|--|
| M1200A | Pressure reducing device for chair# |
| M1200B | Pressure reducing device for bed# |
| M1200C | Turning/repositioning program |
| M1200D | Nutrition or hydration intervention <i>to manage skin problems</i> |
| M1200E | Pressure ulcer care |
| M1200G | Application of non-surgical dressing (other than to feet) |
| M1200H | Application of ointment/medication (other than to feet) |
| # For RUG classification count as one treatment even if both are provided | |

Step 1:

- A. If the assessment does not have one of these conditions or services coded, **skip to Category V, Clinically Complex.**
- B. If the assessment does have one of these conditions or services coded and the ADL score is 0 or 1, the assessment classifies as Clinically Complex; **skip to Category V, Clinically Complex (CA1 or CA2), Step #2.**
- C. If the assessment does have one of these conditions or services coded and the ADL score is 2 or more (with the exception of Cerebral Palsy, Multiple Sclerosis and Parkinson's Disease which requires an ADL score of 5 or higher), the assessment classifies as Special Care Low; **proceed to Step #2.**

Step #2:

This step evaluates for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Assessments indicating signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in the RAI Manual (Chapter 3, Section D).

The following MDS items comprise the Resident Mood Interview PHQ-9© and Staff Assessment of Resident Mood (PHQ-9-OV©):

| Resident Interview | Resident Mood Symptom Frequency | Staff Assessment |
|--------------------|--|------------------|
| D0200A, 2 | Little interest or pleasure in doing things | D0500A, 2 |
| D0200B, 2 | Feeling (or appearing) down, depressed, or hopeless | D0500B, 2 |
| D0200C, 2 | Trouble falling or staying asleep, or sleeping too much | D0500C, 2 |
| D0200D, 2 | Feeling tired or having little energy | D0500D, 2 |
| D0200E, 2 | Poor appetite or overeating | D0500E, 2 |
| D0200F, 2 | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | D0500F, 2 |
| D0200G, 2 | Trouble concentrating on things | D0500G, 2 |
| D0200H, 2 | Moving or speaking slowly or being fidgety or restless | D0500H, 2 |
| D0200I, 2 | Thoughts better off dead or hurting self | D0500I, 2 |
| NA | Being short-tempered, easily annoyed | D0500J, 2 |
| D0300 | Total Severity Score These items are used to calculate a Total Severity Score; Item D0300 for the resident interview and Item D0600 for the staff assessment. | D0600 |

The assessment indicates depression for RUG-IV classification if:

- A. The Total Severity Score PHQ-9© (D0300), which includes items D0200A-I (Resident Interview), is greater than or equal to 10 but not 99

OR

- B. The Total Severity Score PHQ-9-OV© (D0600), which includes items D0500A-J (Staff Assessment), is greater than or equal to 10

Resident is considered depressed: Yes _____ No _____

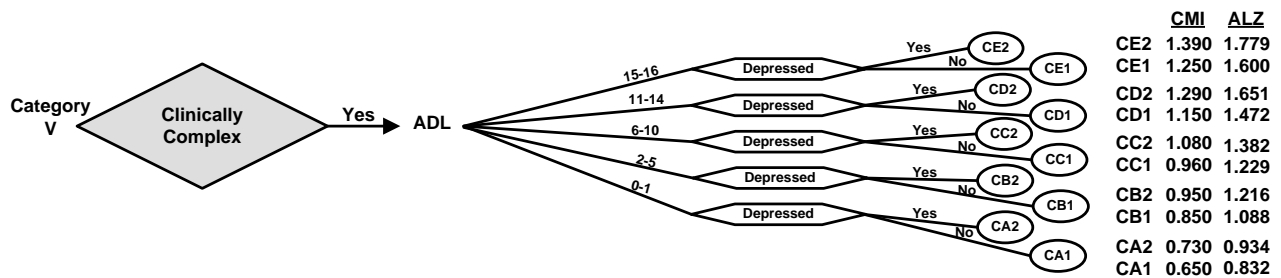
Step #3:

The final classification for Special Care Low is based on the following chart:

| <u>ADL Score</u> | <u>Depressed</u> | <u>RUG-IV Class</u> | <u>CMI</u> |
|------------------|------------------|---------------------|------------|
| 15 - 16 | Yes | LE2 | 1.610 |
| 15 - 16 | No | LE1 | 1.260 |
| 11 - 14 | Yes | LD2 | 1.540 |
| 11 - 14 | No | LD1 | 1.210 |
| 6 - 10 | Yes | LC2 | 1.300 |
| 6 - 10 | No | LC1 | 1.020 |
| 2 - 5 | Yes | LB2 | 1.210 |
| 2 - 5 | No | LB1 | 0.950 |

Special Care Low Classification _____

CLINICALLY COMPLEX



Determine whether the assessment is coded for one of the following conditions or services:

| Clinically Complex Conditions or Services | |
|---|--|
| I2000 | Pneumonia |
| I4900 | Hemiplegia or Hemiparesis with ADL score of 5 or higher |
| M1040D | Open lesion other than ulcers, rashes, cuts with any selected skin treatment* |
| M1040E | Surgical wound with any selected skin treatment* |
| M1040F | Burn |
| O0100A, 2 | Chemotherapy (while a resident) |
| O0100C, 2 | Oxygen therapy (while a resident) |
| O0100H, 2 | IV medication (while a resident) |
| O0100I, 2 | Transfusion (while a resident) |

| *Selected Skin Treatments for Clinically Complex | |
|--|---|
| M1200F | Surgical wound care |
| M1200G | Application of non-surgical dressing (other than to feet) |
| M1200H | Applications of ointment/medication (other than to feet) |

Step #1:

- A. If the assessment does not have one of these conditions or services coded, **skip to Category VI, Behavioral Symptoms and Cognitive Performance.**
- B. If the assessment does have one of these conditions or services coded, the assessment classifies as Clinically Complex; **proceed to Step #2.**

Step #2:

This step evaluates for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Assessments indicating signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in the RAI Manual (Chapter 3, Section D).

The following MDS items comprise the Resident Mood Interview PHQ-9© and Staff Assessment of Resident Mood (PHQ-9-OV©):

| Resident Interview | Resident Mood Symptom Frequency | Staff Assessment |
|--------------------|---|------------------|
| D0200A, 2 | Little interest or pleasure in doing things | D0500A, 2 |
| D0200B, 2 | Feeling (or appearing) down, depressed, or hopeless | D0500B, 2 |
| D0200C, 2 | Trouble falling or staying asleep, or sleeping too much | D0500C, 2 |
| D0200D, 2 | Feeling tired or having little energy | D0500D, 2 |
| D0200E, 2 | Poor appetite or overeating | D0500E, 2 |
| D0200F, 2 | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | D0500F, 2 |
| D0200G, 2 | Trouble concentrating on things | D0500G, 2 |
| D0200H, 2 | Moving or speaking slowly or being fidgety or restless | D0500H, 2 |
| D0200I, 2 | Thoughts better off dead or hurting self | D0500I, 2 |
| NA | Being short-tempered, easily annoyed | D0500J, 2 |
| D0300 | <u>Total Severity Score</u> These items are used to calculate a Total Severity Score; Item D0300 for the resident interview and Item D0600 for the staff assessment. | D0600 |

The assessment indicates depression for RUG-IV classification if:

- A.** The Total Severity Score PHQ-9© (D0300); which includes items D0200A-I (Resident Interview) is greater than or equal to 10, but not 99

OR

- B.** The Total Severity Score PHQ-9-OV© (D0600); which includes items D0500A-J (Staff Assessment) is greater than or equal to 10

Resident is considered depressed: Yes _____ No _____

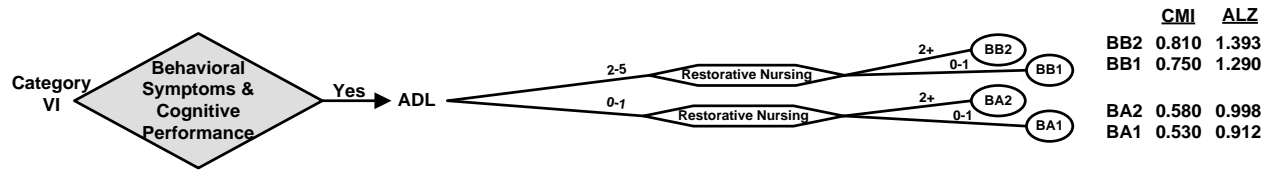
Step #3:

The final classification for Clinically Complex is based on the following chart:

| <u>ADL Score</u> | <u>Depressed</u> | <u>RUG-IV</u> <u>Class</u> | <u>CMI</u> | <u>ALZ CMI</u> |
|------------------|------------------|-------------------------------|------------|----------------|
| 15 - 16 | Yes | CE2 | 1.390 | 1.779 |
| 15 - 16 | No | CE1 | 1.250 | 1.600 |
| 11 - 14 | Yes | CD2 | 1.290 | 1.651 |
| 11 - 14 | No | CD1 | 1.150 | 1.472 |
| 6 - 10 | Yes | CC2 | 1.080 | 1.382 |
| 6 - 10 | No | CC1 | 0.960 | 1.229 |
| 2 - 5 | Yes | CB2 | 0.950 | 1.216 |
| 2 - 5 | No | CB1 | 0.850 | 1.088 |
| 0 - 1 | Yes | CA2 | 0.730 | 0.934 |
| 0 - 1 | No | CA1 | 0.650 | 0.832 |

Clinically Complex Classification _____

BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE



Classification in this category is based on the impaired cognitive performance or the presence of certain behavioral symptoms. Use the following instructions in this order:

Step #1:

- A. If the ADL score is greater than 5, **skip to Category VII, Reduced Physical Function.**
- B. If the ADL score is 5 or less, **proceed to Step #2.**

Step #2:

- A. If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for Item C0100), **skip to Step #3.**

If the resident interview using the Brief Interview for Mental Status (BIMS) was conducted, determine the resident's cognitive status based on the following:

| Brief Interview for Mental Status (BIMS) Items | |
|--|---|
| C0200 - Repetition of three words | |
| C0300 - Temporal Orientation | |
| C0300A | Able to report correct year |
| C0300B | Able to report correct month |
| C0300C | Able to report correct day of the week |
| C0400 - Recall | |
| C0400A | Able to recall "sock" |
| C0400B | Able to recall "blue" |
| C0400C | Able to recall "bed" |
| C0500 | BIMS Summary Score The BIMS Summary Score, a range of 0-15, indicates cognitive level of performance. A score of 15 indicates the resident is cognitively intact while a score of 0 indicates severe cognitive impairment. If the interview is not successful, then the BIMS Summary Score will equal 99. |

- C. For RUG-IV classification, if the Summary Score is less than or equal to 9, he/she is considered cognitively impaired and the assessment classifies in the Behavioral Symptoms and Cognitive Performance category; **skip to Step #5.**
- D. If the Summary Score is greater than 9, but not 99, **skip to Step #4.**
- E. If the Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), **proceed to Step #3.**

Step #3:

If the resident chooses not to participate in the BIMS or if four or more items were coded 0 because he/she chose not to answer or gave a nonsensical response, the cognitive impairment level will be determined based upon the staff assessment rather than resident interview.

| Cognitive Performance Scale (CPS) - Staff Assessment | |
|---|--|
| B0100 | Comatose with ADL Self-Performance dependency code of 4 or 8 for all late loss ADLs OR |
| C1000=3 | Severely impaired cognitive skills OR |
| Two or more of the following impairment indicators: | |
| B0700>0 | Makes Self Understood (<i>problem being understood</i>) |
| C0700=1 | Short-Term Memory (<i>problem</i>) |
| C1000>0 | Cognitive Skills for Daily Decision Making (<i>problem</i>) |
| AND | |
| One or both of the following severe impairment indicators: | |
| B0700>=2 | Makes Self Understood (<i>severe problem being understood</i>) |
| C1000>=2 | Cognitive Skills for Daily Decision Making (<i>severe problem</i>) |

- A. If the assessment does not satisfy any of the above criteria, then he/she is not considered cognitively impaired, **skip to Step #4.**
- B. If the assessment does satisfy one of the above criteria for being cognitively impaired, then he/she is considered cognitively impaired and the assessment classifies in Behavioral Symptoms and Cognitive Performance; **skip to Step #5.**

Step #4:

Determine whether the assessment is coded for one of the following behavioral symptoms:

| Behavioral Symptoms | |
|----------------------------|---|
| E0100A | Hallucinations |
| E0100B | Delusions |
| E0200A, 2 or 3 | Physical behavioral symptoms directed toward others |
| E0200B, 2 or 3 | Verbal behavioral symptoms directed toward others |
| E0200C, 2 or 3 | Other behavioral symptoms not directed toward others |
| E0800, 2 or 3 | Rejection of Care |
| E0900, 2 or 3 | Wandering |

- A. If the assessment does not have one of these behaviors coded, **skip to Category VII, Reduced Physical Function.**
- B. If the assessment does have one of these behaviors coded, the assessment classifies as Behavioral Symptoms and Cognitive Performance; **proceed to Step #5.**

Step #5:

The final step in determining the Behavioral Symptoms and Cognitive Performance classification is the Restorative Nursing Program Count.

Count the number of restorative nursing programs provided 6 or more days:

| Restorative Nursing Programs | |
|--|---|
| H0200C H0500 | Current toileting program or trial# Bowel toileting program# |
| O0500A O0500B | Range of motion (passive)# Range of motion (active)# |
| O0500C | Splint or brace assistance |
| O0500D O0500F | Bed mobility# Walking# |
| O0500E | Transfer |
| O0500G | Dressing and/or grooming |
| O0500H | Eating and/or swallowing |
| O0500I | Amputation/Prosthesis care |
| O0500J | Communication |
| # For RUG classification count as one program even if both provided | |

Record Restorative Nursing Program Count: _____

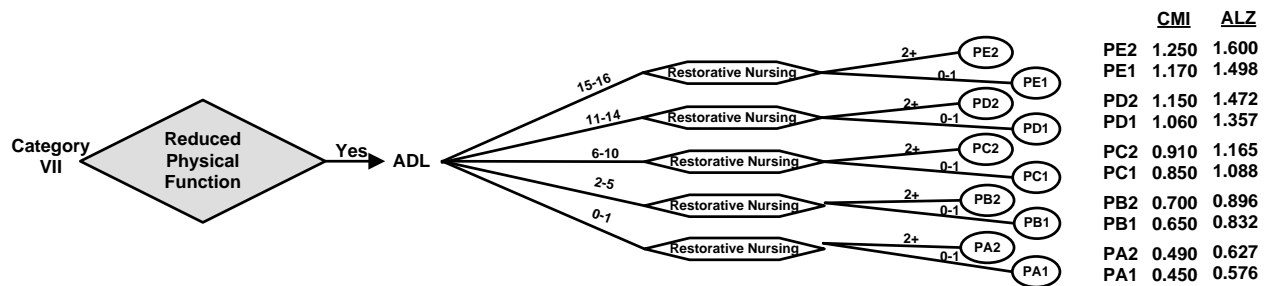
Step #6:

The final classification for Behavioral Symptoms and Cognitive Performance is based on the following chart:

| <u>ADL Score</u> | <u>Restorative Nursing</u> | <u>RUG-IV Class</u> | <u>CMI</u> | <u>ALZ CMI</u> |
|-------------------------|-----------------------------------|----------------------------|-------------------|-----------------------|
| 2 - 5 | 2 or more programs | BB2 | 0.810 | 1.393 |
| 2 - 5 | 0 or 1 program | BB1 | 0.750 | 1.290 |
| 0 - 1 | 2 or more programs | BA2 | 0.580 | 0.998 |
| 0 - 1 | 0 or 1 program | BA1 | 0.530 | 0.912 |

Behavioral Symptoms and Cognitive Performance Classification _____

REDUCED PHYSICAL FUNCTION



Step #1:

Assessments that do not meet the conditions of any of the previous categories, including those assessments that met the criteria for the Behavioral Symptoms and Cognitive Performance category but have an ADL score greater than 5, are classified in this category; **proceed to Step #2.**

Step #2:

Determine Restorative Nursing Program Count

Count the number of restorative nursing programs provided for 6 or more days:

| Restorative Nursing Programs | |
|--|-------------------------------------|
| H0200C | Current toileting program or trial# |
| H0500 | Bowel toileting program# |
| O0500A | Range of motion (passive)# |
| O0500B | Range of motion (active)# |
| O0500C | Splint or brace assistance |
| O0500D | Bed mobility# |
| O0500F | Walking# |
| O0500E | Transfer |
| O0500G | Dressing and/or grooming |
| O0500H | Eating and/or swallowing |
| O0500I | Amputation/Prosthesis care |
| O0500J | Communication |
| # For RUG classification count as one program even if both provided | |

Record Restorative Nursing Program Count: _____

Step #3:

The final classification for Reduced Physical Function is based on the following chart:

| <u>ADL Score</u> | <u>Restorative Nursing</u> | <u>RUG-IV Class</u> | <u>CMI</u> | <u>ALZ CMI</u> |
|------------------|----------------------------|---------------------|------------|----------------|
| 15 - 16 | 2 or more programs | PE2 | 1.250 | 1.600 |
| 15 - 16 | 0 or 1 program | PE1 | 1.170 | 1.498 |
| 11 - 14 | 2 or more programs | PD2 | 1.150 | 1.472 |
| 11 - 14 | 0 or 1 program | PD1 | 1.060 | 1.357 |
| 6 - 10 | 2 or more programs | PC2 | 0.910 | 1.165 |
| 6 - 10 | 0 or 1 program | PC1 | 0.850 | 1.088 |
| 2 - 5 | 2 or more programs | PB2 | 0.700 | 0.896 |
| 2 - 5 | 0 or 1 program | PB1 | 0.650 | 0.832 |
| 0 - 1 | 2 or more programs | PA2 | 0.490 | 0.627 |
| 0 - 1 | 0 or 1 program | PA1 | 0.450 | 0.576 |
| | Inactive Group | BC1 | 0.450 | 0.450 |

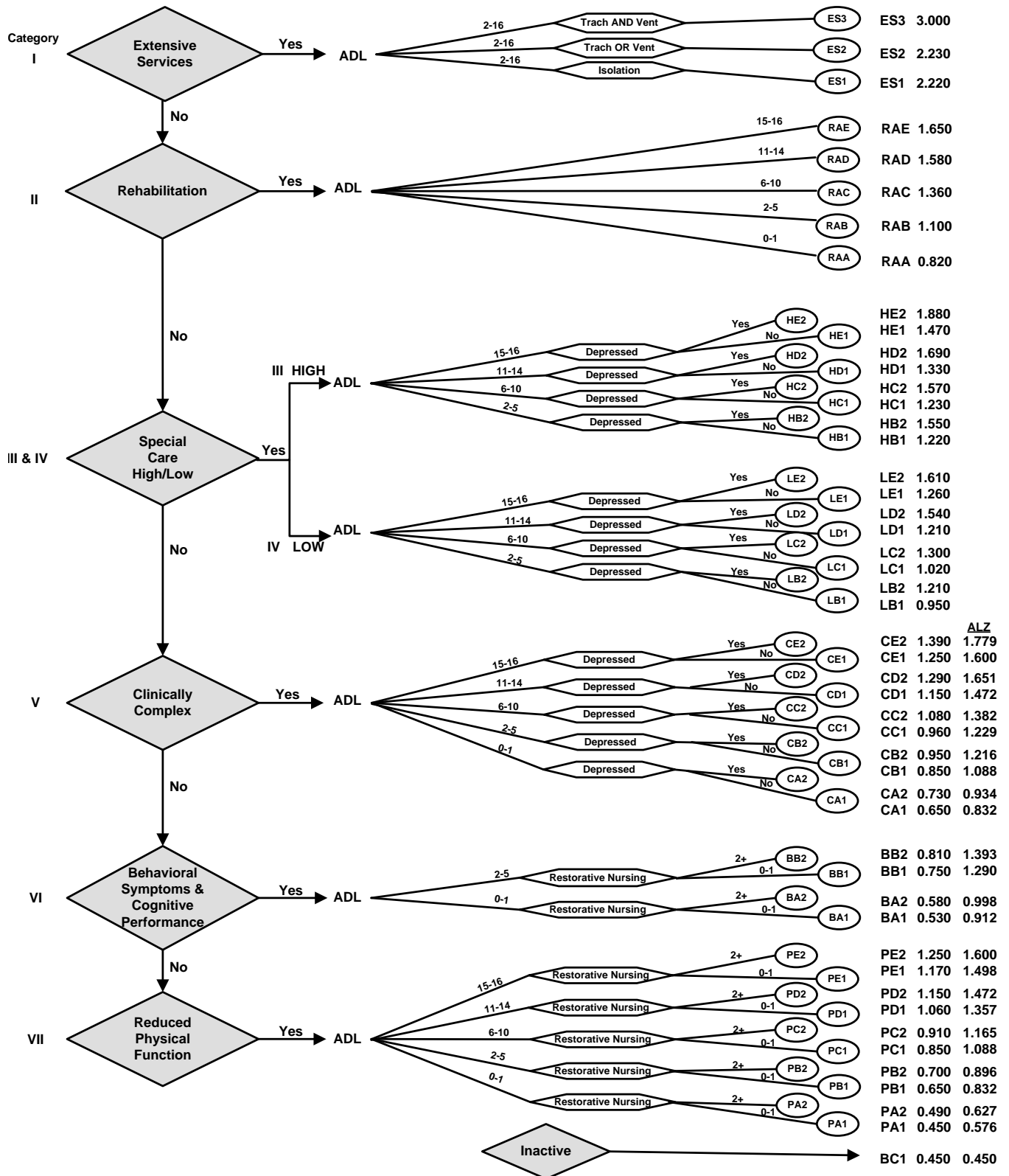
Reduced Physical Function Classification _____

Inactive/Delinquent Assessment Definition:

For purposes of Medicaid reimbursement only, each assessment shall be considered active for up to 92 days. Active days are measured between two consecutive assessments using the ARD dates of both assessments. If no new assessment is completed, transmitted and accepted, the period beginning day 93 is considered an inactive assessment or expired assessment period.

The days following an expired assessment (starting the 93rd day) will be assigned the delinquent RUG classification of BC1 with a CMI of 0.45.

RUG-IV CLASSIFICATION MODEL



4 GLOSSARY/DEFINITIONS

COMMON TERMS AND ABBREVIATIONS

This manual section provides definitions of terms and abbreviations that a user may hear or see while working with the Electronic Review System.

Case Mix Index (CMI) – A weight or numeric score assigned to each Resources Utilization Group (RUG IV) that reflects the relative resources predicted to provide care to a resident. The higher the case mix weight, the greater the resource requirements for the resident.

Facility ID (FAC_ID) – The facility identification number assigned to each nursing facility by the State agency.

Internal Resident ID – see Resident ID.

Item Set Code (ISC) – A code based upon combinations of reasons for assessment (A0310 items) that determines which items are active on a particular type of MDS assessment or tracking record.

Resident ID – An internal resident ID created for each individual nursing facility resident upon the submission of their first record to the QIES ASAP System. The Resident ID (Res_Int_ID) is based on resident identifying information such as name, social security number, gender etc. All subsequent records for the resident are tagged with the same Resident ID.

RUG-IV – Resource Utilization Group, version IV; a category-based resident classification system used to classify nursing facility residents into one of 48 classifications based on their characteristics and clinical needs.

RUG Element – Those items on the MDS that are used in the RUG-IV grouper classification system.

RUG String – Those items on the MDS that are used in the RUG-IV grouper classification system which require more than one MDS item together to meet the particular criteria in a specific RUG classification.

Virtual Private Network (VPN) – A VPN connection enables a computer to send and receive data across shared or public networks as if it is directly connected to the private network. It provides a secure access to a company intranet site while working outside the office