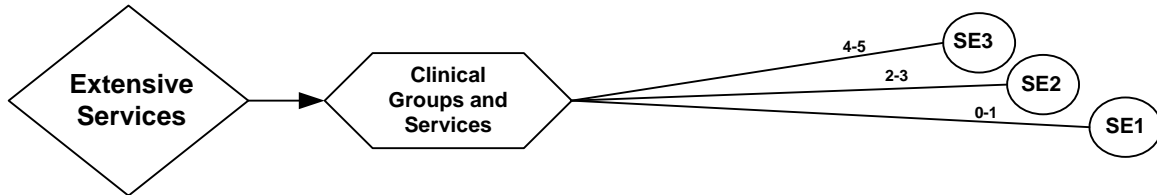


**Division of Medical Assistance**  
**RUG-III Classification Model**  
**Version 5.20, 34-Group**  
**Extensive Services**  
**Category I**

Effective For Assessments With an ARD on or After 10/1/2013



**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: 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) represents the designation for the Extensive Services count.

SE3	Extensive Services (4 or 5 count)	ADL 7 – 18
SE2	Extensive Services (2 or 3 count)	ADL 7 – 18
SE1	Extensive Services (0 or 1 count)	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:

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
K0510A 1 or 2	Parenteral / IV
O0100D 1 or 2	Suctioning
O0100E 1 or 2	Tracheostomy care
O0100F 1 or 2	Ventilator/respirator
O0100H 1 or 2	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:

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/respirator contribute a count of 0 to the Extensive Services Count.

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

### **Extensive Services Count** \_\_\_\_\_

*Possible range at this step is 0-2*

### **STEP 3**

To complete the Extensive Services Count:

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).

***\*In STEP 3 even if the assessment meets more than one criterion in a category, it only receives an Extensive Services count of 1.***

# Category I Extensive Services

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**STEP 4**

To complete the Extensive Services Count evaluate the criteria in all four categories below and sum the count(s):

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)	_____
<b><u>Total Extensive Services Count (0 – 5)</u></b>		_____

**STEP 5**

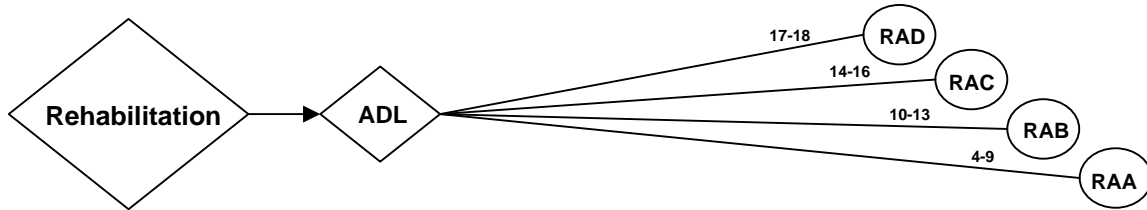
Determine the final Extensive Services classification using the Total Extensive Services Count:

<i><b>ADL Score</b></i>	<i><b>Extensive Count</b></i>	<i><b>Extensive Services</b></i>	<i><b>Case Mix Index</b></i>
7-18	4-5	SE3	2.08
7-18	2-3	SE2	1.70
7-18	0-1	SE1	1.45

**Final Extensive Services Classification** \_\_\_\_\_

# RUG-III Classification 34 Group Model Rehabilitation Category II

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### REHABILITATION (4 Categories)

- Rehabilitation is any combination of the disciplines of Speech, Occupational or Physical therapy.
- Restorative Nursing Services are also considered for the low intensity rehabilitation classification level.
- Restorative Nursing Services consist of providing passive and/or active range of motion, 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 toileting program.
- 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

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The classification groups in this category are based on any combination of licensed therapy meeting the criteria below. Use the following instructions:

### **STEP 1**

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

MDS 3.0 Items	MDS Descriptions
O0400A1, 2, 3	Speech therapy/minutes
O0400A4	Speech therapy/days
O0400B1, 2, 3	Occupational therapy/minutes
O0400B4	Occupational therapy/days
O0400C1, 2, 3	Physical therapy/minutes
O0400C4	Physical therapy/days

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 current urinary toileting or bowel toileting program

#### ***Restorative Nursing Services:***

MDS 3.0 Items	MDS Descriptions
H0200C **	Current urinary toileting program
H0500 **	Current bowel toileting program
O0500A**	Passive ROM
O0500B**	Active ROM
O0500C	Splint or brace assistance
O0500D**	Bed mobility
O0500E	Transfer
O0500F**	Walking
O0500G	Dressing and/or grooming
O0500H	Eating and/or swallowing
O0500I	Amputation/prosthesis care
O0500J	Communication

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

**Total Restorative Nursing Services Provided** \_\_\_\_\_

## Category II Rehabilitation

---

**Restorative nursing program criteria:**

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.
- Evidence of evaluation by licensed nurse during the observation period must be present in the clinical record.
- 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:

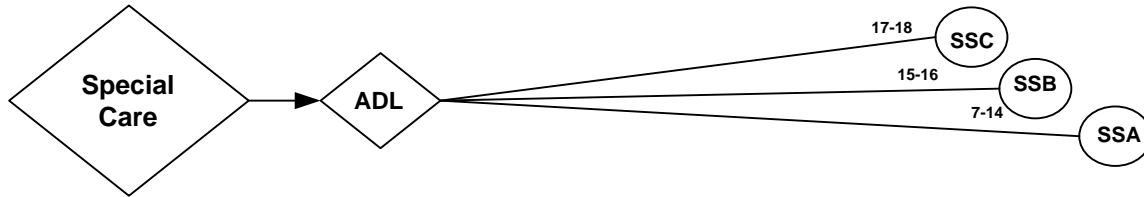
<i><b>ADL Score</b></i>	<i><b>Rehabilitation</b></i>	<i><b>Case Mix Index</b></i>
17-18	RAD	1.68
14-16	RAC	1.41
10-13	RAB	1.28
4-9	RAA	1.06

**Final Rehabilitation Classification** \_\_\_\_\_

# RUG-III Classification 34 Group Model

## Special Care Category III

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### SPECIAL CARE (3 Categories)

- At least one of the following conditions must be present: CP, MS, quadriplegia (each must have an ADL score of  $\geq 10$ ), fever, feeding tube, ulcers, open lesions, surgical wounds, radiation treatment, respiratory therapy, skin treatments, and other secondary elements.
- 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

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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 Descriptions
I4400	Cerebral palsy, <b>with</b> an ADL score $\geq 10$
I5100	Quadriplegia, <b>with</b> an ADL score $\geq 10$
I5200	Multiple sclerosis, <b>with</b> an ADL score $\geq 10$
J1550A	Fever and at least <b>one</b> of the following;
• I2000	• Pneumonia
• J1550B	• Vomiting
• J1550C	• Dehydration
• K0300 1 or 2	• Weight loss
• K0510B 1 or 2	• Feeding tube*
K0510B 1 or 2 and I4300	Feeding tube* <b>and</b> Aphasia
M0300A	Number of Stage I pressure ulcers
M0300B1	Number of Stage II pressure ulcers
M1030	Number of venous and arterial ulcers
	• 2 or more Stage I, II or venous/arterial ulcers <b>with</b> 2 or more skin treatments**
M0300C1	One Stage III pressure ulcer <b>with</b> 2 or more skin treatments**
M0300D1	One Stage IV pressure ulcer <b>with</b> 2 or more skin treatments**
M0300F1	One Unstageable-slough and/or eschar pressure ulcer <b>with</b> 2 or more skin treatments**
M1040D	Open lesions <b>with</b> 1 or more skin treatment***
M1040E	Surgical wounds <b>with</b> 1 or more skin treatment***
O0100B 1 or 2	Radiation treatment
O0400D 2	Respiratory therapy provided for 7 days

**\*Feeding tube items must include either:**

MDS 3.0 Items	MDS Descriptions
(1) K0710A3	51% or more calories entire 7 days <b>OR</b>
(2) K0710A3	26% to 50% calories <b>and</b> average fluid intake is
K0710B3	501 cc. or more per day during entire 7 days

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

MDS 3.0 Items	MDS Descriptions
M1200A#	Pressure relieving device/chair
M1200B#	Pressure relieving device/bed
M1200C	Turning/repositioning program
M1200D	Nutrition or hydration intervention to manage skin problems
M1200E	Pressure ulcer care
M1200G	Application of nonsurgical dressings (not to feet)
M1200H	Application of ointments/medications (not to feet)

# (Count as one treatment even if both provided)



## Category III Special Care

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

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
M1200F	Surgical wound care
M1200G	Application of nonsurgical dressings (not to feet)
M1200H	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:
- 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:

<b>ADL Score</b>	<b>Special Care</b>	<b>Case Mix Index</b>
17-18	SSC	1.40
15-16	SSB	1.29
7-14	SSA	1.25

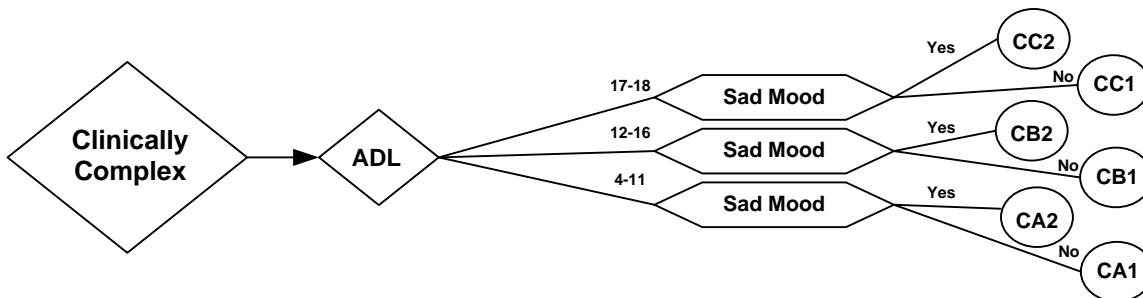
**Final Special Care Classification** \_\_\_\_\_

# RUG-III Classification 34 Group Model

## Clinically Complex

### Category IV

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#### 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 foot, 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 (CA).
- 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

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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 Descriptions
B0100	Coma <b>and</b> completely ADL dependent for Self-Performance (G0110A, G0110B, G0110H, G0110I = 4 or 8)
I2000	Pneumonia
I2100	Septicemia
I2900	Diabetes mellitus <b>and</b>
N0300	Injection = 7 days <b>and</b>
O0700	Physician Order Changes >= 2 days
I4900	Hemiplegia/hemiparesis <b>with</b> an ADL score >=10
J1550C	Dehydration
J1550D	Internal bleeding
K0510B 1 or 2	Feeding tube*
M1040A, M1200I	Infection of the foot <b>with</b> application of dressings
M1040B, M1200I	Diabetic foot ulcer <b>with</b> application of dressings
M1040C, M1200I	Open lesions on the foot <b>with</b> application of dressings
M1040F	Burns
O0100A 1 or 2	Chemotherapy
O0100C 1 or 2	Oxygen therapy
O0100I 1 or 2	Transfusions
O0100J 1 or 2	Dialysis
O0600, O0700	Physician Examinations/Physician Order Changes in the last 14 days: <ul style="list-style-type: none"> <li>• Examinations &gt;= 1 day <b>and</b> Order Changes &gt;= 4 days <b>OR</b></li> <li>• Examinations &gt;= 2 days <b>and</b> Order Changes &gt;= 2 days</li> </ul>

**\*Feeding tube items must include either:**

MDS 3.0 Items	MDS Descriptions
(1) K0710A3	51% or more calories entire 7 days <b>OR</b>
(2) K0710A3 K0710B3	26% to 50% calories <b>and</b> average fluid intake is 501 cc. or more per day during the entire 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:

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.

## Category IV Clinically Complex

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### STEP 2

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)*

MDS 3.0 Items	MDS Definitions
D0200A2	Little interest or pleasure in doing things
D0200B2	Feeling down, depressed, or hopeless
D0200C2	Trouble falling or staying asleep, or sleeping too much
D0200D2	Feeling tired or having little energy
D0200E2	Poor appetite or overeating
D0200F2	Feeling bad about yourself-or that you are a failure or have let yourself or family down
D0200G2	Trouble concentrating on things, such as reading the newspaper or watching TV
D0200H2	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	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 for the RUG system.

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

MDS 3.0 Items	MDS Definitions
D0500A2	Little interest or pleasure in doing things
D0500B2	Feeling or appearing down, depressed, or hopeless
D0500C2	Trouble falling or staying asleep, or sleeping too much
D0500D2	Feeling tired or having little energy
D0500E2	Poor appetite or overeating
D0500F2	Indicating that s/he feels bad about self, is a failure, or has let self or family down
D0500G2	Trouble concentrating on things, such as reading the newspaper or watching TV
D0500H2	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	States that life isn't worth living, wishes for death, or attempts to harm self
D0500J2	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 for the RUG system.

### STEP 3

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

ADL Score	Mood Symptoms	Clinically Complex	Case Mix Index
17-18	Yes	CC2	1.39
17-18	No	CC1	1.23
12-16	Yes	CB2	1.13
12-16	No	CB1	1.01
4-11	Yes	CA2	1.02
4-11	No	CA1	0.92

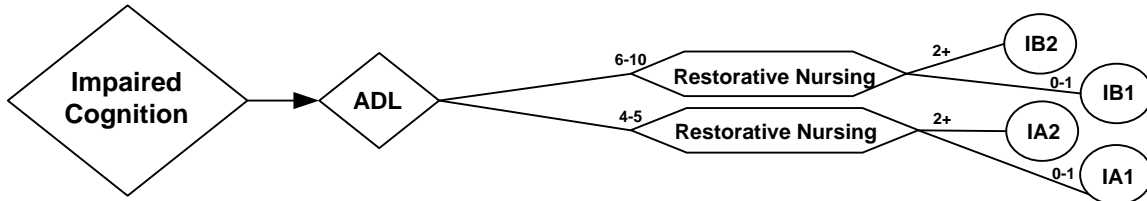
**Final Clinically Complex Classification** \_\_\_\_\_

# RUG-III Classification 34 Group Model

## Impaired Cognition

### Category V

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#### IMPAIRED COGNITION (4 Categories)

- A resident must have an ADL score of 10 or lower.
- Classification is determined by whether the resident categorizes as cognitively impaired based on the BIMS or Cognitive Performance Score (CPS).
- Restorative Nursing Services and current urinary toileting or bowel toileting programs are secondary level elements measured to further classify a resident.
- This is the final category 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

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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 Function:

## **STEP 2**

All residents capable of any communication should be asked (interviewed) to provide information regarding what they consider to be the most important facets of their lives. Begin with criteria #1:

### **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. Proceed to Criteria 2.
- A resident with a BIMS score less than or equal to 9 is considered cognitively impaired for the RUG system. A resident with a BIMS score of 10 or greater is not considered to be cognitively impaired for the RUG system.

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
C0200	Repetition of three words
C0300A-C	Temporal Orientation
C0400A-C	Recall
C0500	BIMS score 0-15 Score <=9 is cognitively impaired for the RUG system Score >=10 is cognitively intact for the RUG system

### **Criteria #2**     ***Staff assessment for mental status***

Determine if the assessment meets at least **one** of the Impaired Cognition conditions:

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
B0100	Comatose
B0700	Makes self understood
C0700	Short term memory problem
C1000	Cognitive skills for daily decision making

A. B0100            Coma **and** completely ADL dependent for Self-Performance,  
**if not then;**

B. C1000            Severely impaired daily decision making (C1000 = 3)  
**if not then;**

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 |

## Category V Impaired Cognition

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### STEP 3

Completion of the Extensive Services classification, if applicable, or the Impaired Cognition classification, if applicable:

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

Extensive Services Count - Impaired Cognition (0,1) \_\_\_\_\_

***This concludes the Extensive Services Count evaluation.***

<b>ADL Score</b>	<b>Extensive Count</b>	<b>Extensive Services</b>	<b>Case Mix Index</b>
7-18	4-5	SE3	2.08
7-18	2-3	SE2	1.70
7-18	0-1	SE1	1.45

- 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  $\leq 9$  in criteria 1 or a match in criteria 2, proceed to Step # 4.

### STEP 4

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

#### **Restorative Nursing Services:**

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
H0200C **	Urinary toileting program
H0500**	Bowel toileting program
O0500A**	Passive ROM
O0500B**	Active ROM
O0500C	Splint or brace assistance
O0500D**	Bed mobility
O0500E	Transfer
O0500F**	Walking
O0500G	Dressing and/or grooming
O0500H	Eating and/or swallowing
O0500I	Amputation/prostheses care
O0500J	Communication

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

**Total Restorative Nursing Services Provided** \_\_\_\_\_

#### **Restorative nursing program criteria:**

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.
- Evidence of evaluation by licensed nurse during the observation period must be present in the clinical record.
- 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.

## Category V Impaired Cognition

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### **STEP 5**

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

<b><i>ADL Score</i></b>	<b><i>Restorative Nursing Services Count</i></b>	<b><i>Impaired Cognition</i></b>	<b><i>Case Mix Index</i></b>
6-10	2 or more services	IB2	0.89
6-10	0 or 1 service	IB1	0.82
4-5	2 or more services	IA2	0.74
4-5	0 or 1 service	IA1	0.64

**Final Impaired Cognition Classification** \_\_\_\_\_

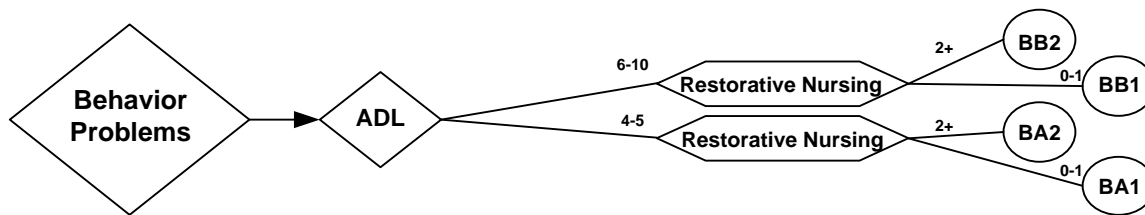


# RUG-III Classification 34 Group Model

## Behavior Problems

### Category VI

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#### BEHAVIOR PROBLEMS (4 Categories)

- 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/or potential indicators of psychosis i.e., delusions or hallucinations.
- Restorative Nursing Services and urinary toileting or bowel toileting programs are the secondary level elements measured to further classify a resident.
- The second letter of the RUG-III classification (**BB**2) identifies the ADL level of the resident; the third character (**BB**2) 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

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The classification groups in this category are based on certain resident conditions. Note that certain conditions require specific frequency levels. 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 Function:

### **STEP 2**

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

MDS 3.0 Items	MDS Descriptions
E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms (frequency level 2 or 3)
E0200B	Verbal behavioral symptoms (frequency level 2 or 3)
E0200C	Other behavioral symptoms (frequency level 2 or 3)
E0800	Rejection of care (frequency level 2 or 3)
E0900	Wandering (frequency level 2 or 3)

### **STEP 3**

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

### **STEP 4**

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 current urinary toileting or bowel toileting program. Record the total count below:

#### ***Restorative Nursing Services:***

MDS 3.0 Items	MDS Descriptions
H0200C **	Urinary toileting program
H0500**	Bowel toileting program
O0500A**	Passive ROM
O0500B**	Active ROM
O0500C	Splint or brace assistance
O0500D**	Bed mobility
O0500E	Transfer
O0500F**	Walking
O0500G	Dressing and/or grooming
O0500H	Eating and/or swallowing
O0500I	Amputation/prostheses care
O0500J	Communication

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

**Total Restorative Nursing Services Provided \_\_\_\_\_**

## Category VI Behavior Problems

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**Restorative nursing program criteria:**

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.
- Evidence of evaluation by licensed nurse during the observation period must be present in the clinical record.
- 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:

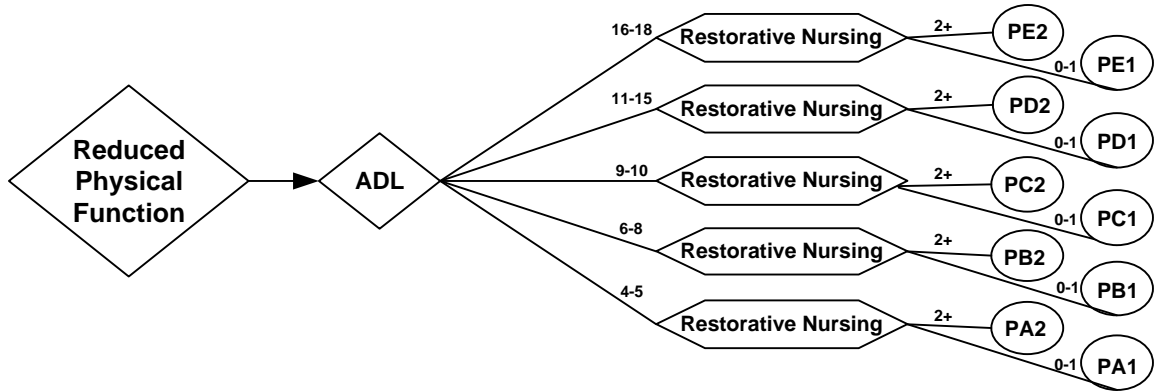
<b>ADL Score</b>	<b>Restorative Nursing Services Count</b>	<b>Behavior Problems</b>	<b>Case Mix Index</b>
6-10	2 or more services	BB2	0.86
6-10	0 or 1 service	BB1	0.80
4-5	2 or more services	BA2	0.72
4-5	0 or 1 service	BA1	0.61

**Final Behavior Problems Classification \_\_\_\_\_**

# RUG-III Classification 34 Group Model

## Reduced Physical Function

### Category VII



#### REDUCED PHYSICAL FUNCTION (10 Categories)

- Residents who do not meet the conditions for any other category are placed in this category.
- Restorative Nursing Services and current urinary toileting or bowel toileting programs are secondary level elements measured to further classify a resident.
- Assessments classifying in Impaired Cognition or Behavior Problems with and ADL > 10 classify here.
- 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 Function

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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**

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

#### ***Restorative Nursing Services:***

<b>MDS 3.0 Items</b>	<b>MDS Descriptions</b>
H0200C **	Urinary toileting program
H0500**	Bowel toileting program
O0500A**	Passive ROM
O0500B**	Active ROM
O0500C	Splint or brace assistance
O0500D**	Bed mobility
O0500E	Transfer
O0500F**	Walking
O0500G	Dressing and/or grooming
O0500H	Eating and/or swallowing
O0500I	Amputation/prosthesis care
O0500J	Communication

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

**Total Restorative Nursing Services Provided \_\_\_\_\_**

#### **Restorative nursing program criteria:**

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.
- Evidence of evaluation by licensed nurse during the observation period must be present in the clinical record.
- 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.

## Category VII Reduced Physical Function

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### **STEP 3**

Record the appropriate Reduced Physical Function classification by using the ADL Score and the Restorative Nursing Services Count:

<b>ADL Score</b>	<b>Restorative Nursing Services Count</b>	<b>Reduced Physical</b>	<b>Case Mix Index</b>
16-18	2 or more services	PE2	0.97
16-18	0 or 1 service	PE1	0.96
11-15	2 or more services	PD2	0.91
11-15	0 or 1 service	PD1	0.83
9-10	2 or more services	PC2	0.82
9-10	0 or 1 service	PC1	0.80
6-8	2 or more services	PB2	0.66
6-8	0 or 1 service	PB1	0.61
4-5	2 or more services	PA2	0.60
4-5	0 or 1 service	PA1	0.57

**Final Reduced Physical Function Classification** \_\_\_\_\_