MDS 3.0 RUG-IV Decision Tree – 48 Grouper

Select the RUG-IV Group with the highest Case Mix Index(CMI) for which the resident meets the required conditions.

| Domain | ADL Score | End Splits or Special Requirements | RUG-IV Group | CMI (CMS Set F01) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
| Extensive Services (At least one of the following ♦.) Tracheostomy Care while a resident (O0100E2) Ventilator or respirator while a resident (O0100F2) Infection isolation while a resident (O0100M2) | >= 2 >= 2 >= 2 | Tracheostomy care and ventilator/respirator Tracheostomy care or ventilator/respirator Infection isolation: • without tracheostomy care • without ventilator or respirator care | ES3 ES2 ES1 | 3.00 2.23 2.22 |
| Rehabilitation | 15-16 | None | RAE | 1.65 |
| ◆ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last | 11-14 | None | RAD | 1.58 |
| 7 days. [O0400A4, O0400B4, O0400C4] | 6-10 | None | RAC | 1.36 |
| AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. | 2-5 | None | RAB | 1.10 |
| [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] | 0-1 | None | RAA | 0.82 |
| OR | | | | |
| ♦ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.) Note: The Medicare limits on group therapy minutes are not used for WI Medicaid RUG classification. | | | | |

| Domain | ADL Score | End Splits or Special Requirements | RUG-IV Group | CMI (CMS Set F01) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|-----------------|-------------------------|
| Special Care High (ADL Score of ≥ 2 or more and at least one of the following \blacklozenge .) | 15-16 | Depression | HE2 | 1.88 |
| ◆ Comatose (B0100) and completely ADL | 15-16 | No Depression | HE1 | 1.47 |
| dependent or ADL did not occur (G0100A1, G0100B1, G0100H1, G0100I1 all = 4 or 8) | 11-14 | Depression | HD2 | 1.69 |
| = 4 or 8 Septicemia (I2100) | 11-14 | No Depression | HD1 | 1.33 |
| ♦ Diabetes (I2900) with both of the | 6-10 | Depression | HC2 | 1.57 |
| following: • Insulin injections for all 7 days | 6-10 | No Depression | HC1 | 1.23 |
| (N0350A = 7) Insulin order changes on 2 or more | 2-5 | Depression | HB2 | 1.55 |
| days (N0350B >= 2) | 2-5 | No Depression | HB1 | 1.22 |
| ◆ Quadriplegia (I5100) with ADL score >= 5 | | Note: See description of depressions indicator. | | |
| ♦ Asthma or COPD (I6200) AND shortness of breath while lying flat (J1100C) | | | | |
| Fever (J1550A) and one of the following: Pneumonia (I2000) Vomiting (J1550B) OR Weight loss (K0300 = 1 or 2) Feeding Tube (K0500B) with at least 51% of total calories (K0700A = 3) OR 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is 501cc or more per day (K0700B = 2) | | | | |
| ◆ Parenteral/IV feedings (K0500A) | | | | |
| Respiratory therapy for all 7 days (O0400D2 = 7) | | | | |
| ♦ If a resident qualifies for Special Care High but the ADL score is 1 or less then resident classifies as Clinically Complex | | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|-----------------|-------------------------|
| Special Care Low (ADL score of 2 or more and at least one of the following \blacklozenge .) | 15-16 | Depression | LE2 | 1.61 |
| ♦ Cerebral palsy (I4400) with ADL score >=5 | 15-16 | No Depression | LE1 | 1.26 |
| ◆ Multiple sclerosis (I5200) with ADL score >= 5 | 11-14 | Depression | LD2 | 1.54 |
| ♦ Parkinson's disease(I5300) with ADL score >= 5 | 11-14 | No Depression | LD1 | 1.21 |
| ◆ Respiratory failure (I6300) and oxygen therapy while a resident (O0100C2) | 6-10 | Depression | LC2 | 1.30 |
| ◆ Feeding Tube (K0500B) with at least 51% of total calories (K0700A = 3) OR | 6-10 | No Depression | LC1 | 1.02 |
| 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is | 2-5 | Depression | LB2 | 1.21 |
| 501cc or more per day (K0700B = 2) ♦ Two or more stage 2 pressure ulcer | 2-5 | No Depression | LB1 | 0.95 |
| (M0300B1) with two or more skin treatments ** | | Note: See description of depressions indicator. | | |
| Pressure relieving chair (M1200A) and/or bed M1200B) Turning/repositioning (M1200C) Nutrition or hydration intervention (M1200D) Ulcer care (M1200E) Application of dressings (M1200G) Application of ointments (M1200H) | | | | |
| Any stage 3 or 4 pressure ulcer (M0300C1, D1, F1) with two or more skin treatments **See above list Two or more venous/arterial ulcers (M1030) with two or more skin treatments. * * See above listing One stage 2 pressure ulcer (M0300B1, and 1 venous/arterial ulcer (M1030) with 2 or more skin treatments * * See above listing of skin treatments * Foot infection (M1040A), diabetic foot ulcer (M1040B) or other open lesion of foot (M1040C) with application of dressings to the feet (M1200I) Radiation treatment while a resident (O0100B2) Dialysis treatment while a resident (O0100J2) | | | | |

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| Clinically Complex (At least one of the following) | 15-16 | Depression | CE2 | 1.39 |
| ◆ Pneumonia (I2000) | 15-16 | No Depression | CE1 | 1.25 |
| ◆ Hemiplegia/hemiparesis (I4900) with ADL score >= 5 | 11-14 | Depression | CD2 | 1.29 |
| ◆ Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin treatment | 11-14 | No Depression | CD1 | 1.15 |
| Surgical wound care (M1200F) Application of nonsurgical dressings | 6-10 | Depression | CC2 | 1.08 |
| (M1200G) not to feet Application of ointments (M1200H) | 6-10 | No Depression | CC1 | 0.96 |
| not to feet | 2-5 | Depression | CB2 | 0.95 |
| ◆ Burns (M1040F) | 2-5 | No Depression | CB1 | 0.85 |
| Chemotherapy while a resident (O0100A2) | 0-1 | Depression | CA2 | 0.73 |
| ♦ Oxygen therapy while a resident (O0100C2) | 0-1 | No Depression | CA1 | 0.65 |
| ♦ IV Medications while a resident (O0100H2) | | Note: See description of depressions indicator. | | |
| ◆ Transfusions while a resident (O0100I2) | | | | |
| Behavior Symptoms and Cognitive Performance | 2-5 | 2 or more Nursing Rehabilitation Services | BB2 | 0.81 |
| ♦ BIMS score of 9 or less AND an ADL score of 5 or less OR | 2-5 | 0-1 nursing rehabilitation services | BB1 | 0.75 |
| Cognitive Performance Scale score of 3 or greater AND an ADL score of 5 or less (See description of BIMS and Cognitive | 0-1 | 2 or more Nursing Rehabilitation Services | BA2 | 0.58 |
| performance scale) Hallucinations [E0100A] Delusions [E0100B] | 0-1 | 0-1 nursing rehabilitation services | BA1 | 0.53 |
| ◆ Physically behavioral symptoms directed towards others (E0200A = 2 or 3) | | (See description of nursing rehabilitation.) | | |
| Verbal behavioral symptoms directed towards others (E0200B = 2 or 3) Other behavioral symptoms not directed towards others (E0200C = 2 or 3) Rejection of care (E0800 = 2 or 3) Wandering (E0900 = 2 or 3) | | | | |

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| Physically Functioning Reduced | 15-16 | 2 or more Nursing Rehabilitation Services | PE2 | 1.25 |
| No Clinical Conditions | 15-16 | 0-1 Nursing Rehabilitation Services | PE1 | 1.17 |
| | 11-14 | 2 or more Nursing Rehabilitation Services | PD2 | 1.15 |
| | 11-14 | 0-1 Nursing Rehabilitation Services | PD1 | 1.06 |
| | 6-10 | 2 or more Nursing Rehabilitation Services | PC2 | 0.91 |
| | 6-10 | 0-1 Nursing Rehabilitation Services | PC1 | 0.85 |
| | 2-5 | 2 or more Nursing Rehabilitation Services | PB2 | 0.70 |
| | 2-5 | 0-1 Nursing Rehabilitation Services | PB1 | 0.65 |
| | 0-1 | 2 or more Nursing Rehabilitation Services | PA2 | 0.49 |
| | 0-1 | 0-1 Nursing Rehabilitation Services (See description of Nursing Rehabilitation Services) | PA1 | 0.45 |

ADL Scoring

| ADL | Self-Performance | Support | ADL Score |
|------------------------|------------------------------|---------------|-----------|
| Bed Mobility (G0110A), | Coded -, 0, 1, 7, or 8 | Any Number | 0 |
| Transfer (G0110B), | | | |
| Toilet Use (G0110I) | Coded 2 | Any Number | 1 |
| | | | |
| | Coded 3 | -, 0, 1, or 2 | 2 |
| | 0 1 1 4 | 0.1.0 | 0 |
| | Coded 4 | -, 0, 1, or 2 | 3 |
| | Code 3 or 4 | 3 | 4 |
| Eating (G0110H) | | | |
| | Coded -, 0, 1, 2 , 7 or 8 $$ | -, 0, 1, or 8 | 0 |
| | | | |
| | Coded -, 0, 1, 2, 7 or 8 | 2 or 3 | 2 |
| | Coded 3 or 4 | -, 0 or 1 | 2 |
| | Coded 5 or 4 | -, 0 or 1 | 2 |
| | Coded 3 | 2 or 3 | 3 |
| | | | 0 |
| | Coded 4 | 2 or 3 | 4 |

ADL Score = sum of ADL score for Bed Mobility, Transfer, Toilet Use and Eating

Depression Indicator

The depression end split is determined by either the total severity score from the resident interview in section D0200 (PHQ-9©) or from the total severity score from the staff assessment of mood D0500 (PHQ9-OV©).

Residents that were interviewed D0300 (Total Severity Score) >= 10 and D0300 <= 27 Staff Assessment – Interview not conducted D0600 (Total Severity Score >= 10 and D0600 <= 30

Nursing Rehabilitation

Nursing Rehabilitation Services -2 or more required to be provided 6 or more days a week

Passive range of motion (O0500A) and/or Active range of motion (O0500B)* Bed mobility training (O0500D) and/or walking training (O0500F)* Splint or brace assistance (O0500C) Transfer training (O0500E) Dressing and/or grooming training (O0500G) Eating and/or swallowing training (O0500H) Amputation/prosthesis (O0500I) Communication training (O0500J)

No count of days required for: Current toileting program or trial (H0200C) and/or Bowel toileting program (H0500)*

* Count as one service even if both are provided

Cognitive Impairment

Cognitive impairment is determined by either the summary score from the resident interview in section C0200-C400 (BIMS) or from the calculation of Cognitive Performance Scale if the BIMS is not conducted.

Brief Interview for Mental Status (BIMS)

BIMS summary score (C0500 <= 9)

Cognitive Performance Scale

Determine whether the resident is cognitively impaired based on the staff assessment rather than on resident interview. The RUG-IV Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

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

1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)

2. C1000 Severely impaired cognitive skills (C1000 = 3)

3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:

| B0700 > 0 Problem being understood C0700 = 1 Short-term memory problem |
|---------------------------------------------------------------------------|
| C1000 > 0 Cognitive skills problem |
| and |
| One or more of the following severe impairment indicators |
| are present: |
| B0700 >= 2 Severe problem being understood |
| C1000 >= 2 Severe cognitive skills problem |