

# ***RESOURCE UTILIZATION GROUP (RUG)-III CALCULATION WORKSHEET***

What is it?

The following worksheet has been provided to describe the method for calculation of the RUG using the 108 data items from the Medical Necessity and Level of Care (MN and LOC) Assessment. Texas uses the Index Maximizing Method to arrive at the final RUG.

Why use it?

If a provider wants to understand how the scores of the 108 RUG items determine the resulting RUG.

# ***RUG-III CALCULATION WORKSHEET***

## ***34 GROUP MODEL***

This RUG-III calculation worksheet is a step-by-step walk through to manually determine the appropriate RUG-III classification based on the information from the Medical Necessity and Level of Care (MN and LOC) assessment. The worksheet takes the computer programming and puts it into words. We have carefully reviewed the worksheet to insure that it represents the standard logic.

This worksheet is for the 34 group RUG-III model. There is also a 44 group model and a separate worksheet available for the 44 group model. The major difference between the 44 group model and the 34 model involves the Rehabilitation groups.

In the 44 group model, there are 14 different Rehabilitation groups representing 5 different levels of rehabilitation services. The 44 group model is therefore well suited for use with restorative programs that classify individuals on the basis of both nursing care needs and rehabilitation needs. The SNF Medicare program is a good example of such a program. RUG-III models order the groups from high to low resource need. In the 44 group model, the individuals in the Rehabilitation groups have the highest level of combined nursing and rehabilitation need, while individuals 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 RUG-III worksheet:

- 1      Checking **out-of-range** 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 that an item was answered with an invalid response. Consider an 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 a 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 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 attached "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, this value indicating "unable to determine."

### ➤ ***HIERARCHICAL VERSUS INDEX MAXIMIZING***

There are two basic approaches to RUG-III classification: (1) hierarchical classification and (2) index maximizing classification. The present worksheet is focused on the hierarchical approach but can be adapted to the index maximizing approach.

**Hierarchical Classification.** The present worksheet employs the hierarchical classification method. 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 the RUG-III model, and the classification is the first group for which the individual qualifies. In other words, start with the Extensive groups at the top of the RUG-III model. Then you work your way down through the groups in hierarchical order: Extensive Services, Rehabilitation, Special Care, Clinically Complex, Impaired Cognition, Behavior Problems, and Reduced Physical Functions. When you find the first of the 34 individual RUG-III groups for which the individual qualifies, then assign that group as the RUG-III classification and you are finished.

If the individual would qualify in one of the Extensive Services groups and also in a Rehabilitation group, always choose the Extensive Services classification, since it is higher in the hierarchy. Likewise, if the individual 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 Indices (CMI) for each RUG-III group. The first step in index maximizing is to determine all of the RUG-III groups for which the individual qualifies. Then from the qualifying groups you choose the RUG-III group that has the highest case mix

index. Index maximizing classification is simply choosing 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 individual 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 34 RUG-III classification groups, ignoring instructions to skip groups and noting each group for which the individual 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 individual.

If the individual would qualify in one of the Extensive Services groups and a Rehabilitation group choose the RUG-III classification with the higher CMI. Likewise, if the individual qualifies for Special Care and Clinically Complex, again choose the RUG-III classification with the higher CMI. Always select the classification with the highest CMI.

## ***MN AND LOC RUG-III ITEMS TABLE***

<b>RUG-III Items</b>	<b>Valid Ranges for MNLOC</b>
<p><b>B. Cognitive Patterns</b> The following field is considered in the RUG calculation: B1 Comatose</p>	<p><b>Comatose</b> Yes or No</p>
<p><b>B. Cognitive Patterns</b> The following field is considered in the RUG calculation: B2a Short Term Memory</p>	<p><b>Short Term Memory</b> - UTD (Unable to determine) 0 Memory OK 1 Memory Problem</p>
<p><b>B. Cognitive Patterns</b> The following field is considered in the RUG calculation: B4 Cognitive Skills for Daily Decision Making</p>	<p><b>Cognitive Skills for Daily Decision Making</b> - UTD (Unable to determine) 0. Independent. 1. Modified Independence. 2. Moderately Impaired. 3. Severely Impaired.</p>
<p><b>C. Communication/Hearing Patterns</b> Only the following fields are considered in the RUG calculation: C4 Making Self Understood</p>	<p><b>Making Self Understood</b> - UTD (Unable to determine) 0 = Understood. 1 = Usually Understood. 2 = Sometimes Understood. 3 = Rarely or Never Understood.</p>
<p><b>E. Mood and Behavior Patterns</b> <b>1. Indicators of Depression, Anxiety, Sad Mood</b> All fields in question are used in the calculation of the RUG. E1a Individual made negative statements. E1b Repetitive Questions E1c Repetitive verbalizations E1d Persistent anger with self or others. E1e Self deprecation. E1f Expressions of what appear to be unrealistic fears. E1g Recurrent statements that something terrible is about to happen. E1h Repetitive health complaints. E1i Repetitive anxious complaints/concerns (non-health related). E1j Unpleasant mood in morning. E1k Insomnia/change in usual sleep pattern. E1l Sad, pained, worried facial expressions. E1m Crying, tearfulness. E1n Repetitive physical movements. E1o Withdrawal from activities of interest. E1p Reduced social interaction.</p>	<p><b>Indicators of Depression, Anxiety, Sad Mood</b> 0 = Not exhibited during last 30 days. 1 = Exhibited up to 5 days a week. 2 = Exhibited daily or almost daily (6, 7 days a week).</p>
<p><b>E. Mood and Behavior Patterns</b> <b>Behavioral Symptom Frequency</b> The first column is Behavioral symptom frequency in last 30 days. All fields in this section and column are used in the calculation of the RUG. E4aA <b>wandering</b> E4bA Verbally abusive behavioral symptoms</p>	<p><b>Behavioral Symptom Frequency</b> 0 = Not exhibited in last 30 days. 1 = Exhibited 1 to 3 days in last 30 days. 2 = Exhibited 4 to 6 days, but less than daily. 3 = Exhibited daily. <b>Behavioral Symptom Alterability</b> 0 = Behavior not present OR behavior was easily</p>

<b>RUG-III Items</b>	<b>Valid Ranges for MNLOC</b>
<p>E4cA Physically abusive behavioral symptoms E4dA Socially Inappropriate/Disruptive E4eA Resists Care</p> <p><b>Behavioral Symptom Alterability</b> The second column is Behavioral symptom alterability in last 30 days. These fields are not used in the calculation of the RUG. But are required fields.</p>	<p>altered. 1 = Behavior was not easily altered.</p>
<p><b>G. Physical Functioning and Structural Problems</b> The first column is (A) ADL Self-Performance. Only the following fields are considered in the RUG calculation: G1a (A) Bed Mobility G1b (A) Transfer G1h (A) Eating G1i (A) Toilet Use</p>	<p><b>ADL Self-Performance</b> 0 = independent. 1 = supervision. 2 = limited assistance. 3 = extensive assistance. 4 = total dependence. 8 = activity did not occur.</p>
<p><b>G. Physical Functioning and Structural Problems</b> The second column is (B) ADL Support Provided. Only the following fields are considered in the RUG calculation: G1a (B) Bed Mobility G1b (B) Transfer G1i (B) Toilet Use</p>	<p><b>ADL Support Provided</b> 0 = No setup of physical help from staff. 1 = Setup help only. 2 = One person physical assist. 3 = Two+ persons physical assist. 8 = ADL activity itself did not occur during the look back period.</p>
<p><b>H. Appliances and Programs</b> Only the following fields are considered in the RUG calculation: H3a Any Scheduled Toileting Plan H3b Bladder Retraining Program</p>	<p><b>Appliances and Programs</b> Checked = 1 or yes Not checked = 0 or no</p>
<p><b>I. Diseases/Diagnoses</b> <b>1. Diseases</b> Only the following fields are considered in the RUG calculation: I1a Diabetes mellitus. I1r Aphasia I1s Cerebral Palsy. I1v Hemiplegia/Hemiparesis. I1w Multiple sclerosis. I1z Quadriplegia.</p>	<p><b>Diseases (if none of the selections apply check the None of the Above check box.)</b>  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>I. Diseases/Diagnoses</b> <b>2. Infections</b> Only the following fields are considered in the RUG calculation: I2e Pneumonia. I2g Septicemia.</p>	<p><b>Infections (if none of the selections apply check the None of the Above check box.)</b>  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>J. Health Conditions</b></p>	<p><b>Problem Conditions (if none of the selections apply</b></p>

<b>RUG-III Items</b>	<b>Valid Ranges for MNLOC</b>
<p><b>1. Problem Conditions</b> Only the following fields are considered in the RUG calculation: J1c Dehydrated; output exceeds input. J1e Delusions J1h Fever J1i Hallucinations J1j Internal bleeding J1o Vomiting</p>	<p><b>check the None of the Above check box.)</b>  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>K. Oral / Nutritional status</b> <b>3. Weight Change</b> Only the following fields are considered in the RUG calculation: K3a Weight Loss</p>	<p><b>Weight Change</b> 0 = No 1 = Yes</p>
<p><b>K. Oral / Nutritional status</b> <b>5. Nutritional Approaches</b> Only the following fields are considered in the RUG calculation: K5a Parenteral/IV K5b Feeding tube</p>	<p><b>Nutritional Approaches</b> (if none of the selections apply check the None of the Above check box.)  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>K. Oral / Nutritional status</b> <b>6. Parenteral or Enteral Intake</b> The following field is only available for selection when either K5a or K5b is checked. If checked these fields are considered in the RUG calculation: K6a Total Calories</p>	<p><b>Total Calories</b> Enter the number corresponding to the most appropriate response.  0 = None 1 = 1% to 25% 2 = 26% to 50% 3 = 51% to 75% 4 = 76% to 100%</p>
<p><b>K. Oral / Nutritional status</b> <b>6. Parenteral or Enteral Intake</b> The following field is only available for selection when either K5a or K5b is checked. If checked these fields are considered in the RUG calculation: K6b Fluid Intake</p>	<p><b>Fluid Intake</b> Enter the number corresponding to the most appropriate response.  0 = None 1 = 1 to 500 cc/day 2 = 501 to 1000 cc/day 3 = 1001 to 1500 cc/day 4 = 1501 to 2000 cc/day 5 = 2001 or more cc/day</p>
<p><b>M. Skin Condition</b> <b>1. Ulcers (Due to any cause)</b> All fields in question 1 are used in the calculation of the RUG: M1a Stage 1 M1b Stage 2 M1c Stage 3 M1d Stage 4</p>	<p><b>Ulcers</b> Enter the number of ulcers found at each Stage 0 = non present 9 = 9 or more ulcers found</p>
<p><b>M. Skin Condition</b></p>	<p><b>Type of Ulcer</b> (Code for the highest stage in the last</p>

RUG-III Items	Valid Ranges for MNLOC
<p><b>2. Type of Ulcer</b> The following field is used in the calculation of the RUG: M2a Pressure Ulcer</p>	<p>30 days using the scale in item M1) 0 = None 1 = Stage 1 2 = Stage 2 3 = Stage 3 4 = Stage 4</p>
<p><b>M. Skin Condition</b> <b>4. Other Skin Problems or Lesions Present</b> Only the following fields are considered in the RUG calculation: M4b Burns (Second or Third Degree) M4c Open Lesions/Sores (e.g. cancer lesions) M4g Surgical Wounds</p>	<p><b>Other Skin Problems or Lesions Present</b> (if none of the selections apply check the None of the Above check box.)  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>M. Skin Condition</b> <b>5. Skin Treatments</b> Only the following fields are considered in the RUG calculation: M5a Pressure Relieving Device(s) for Chair. M5b Pressure Relieving Device(s) for Bed. M5c Turning/Repositioning Program. M5d Nutrition or Hydration Intervention to Manage Skin Problems. M5e Ulcer Care. M5f Surgical Wound Care. M5g Application of Dressings. M5h Application of Ointments/Medications (Other Than to Feet).</p>	<p><b>Skin Treatments</b> (if none of the selections apply check the None of the Above check box.)  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>M. Skin Condition</b> <b>6. Foot Problems and Care</b> Only the following fields are considered in the RUG calculation: M6b Infection of the Foot. M6c Open Lesions On the Foot. M6f Application of Dressings</p>	<p><b>Foot Problems and Care</b> (if none of the selections apply check the None of the Above check box.)  Checked = 1 or yes Not checked = 0 or no</p>
<p><b>N. Activity Pursuit Patterns</b> <b>1. Time Awake</b> All fields are considered in the RUG calculation: N1a Morning N1b Afternoon N1c Evening</p>	<p><b>Time Awake</b> (if none of the selections apply check the None of the Above check box.)  Checked = 1 or yes Not checked = 0 or no</p>
<p>[Change to 7 Day Lookback period to be consistent with NF RUG algorithm] <b>O. Medications</b> <b>3. Injections</b> The following field is considered in the RUG calculation: O3 Injections</p>	<p><b>Injections</b> Enter the total number of DAYS for the past 7 days.  0,1,2,3,4,5,6,7,</p>

RUG-III Items	Valid Ranges for MNLOC
<p><b>P. Special Treatments and Procedures</b>  <b>1a. Special Care</b>  Only the following fields are considered in the RUG calculation:  P1aa Chemotherapy  P1ab Dialysis  P1ac IV Medication  P1ag Oxygen Therapy  P1ah Radiation  P1ai Suctioning  P1aj Tracheostomy Care  P1ak Transfusions  P1al Ventilator or Respirator</p>	<p><b>Special Care</b> (if none of the selections apply check the None of the Above check box.)</p> <p>Checked = 1 or yes  Not checked = 0 or no</p>
<p><b>[Change to 7 Day Lookback period to be consistent with NF RUG algorithm]</b>  <b>P. Special Treatments and Procedures</b>  <b>1b. Therapies</b>  The first column is (A) # days administered for 15 minutes or more. Only the following fields are considered in the RUG calculation:  P1baA Speech  P1bbA Occupational Therapy  P1bcA Physical Therapy  P1bdA Respiratory Therapy</p>	<p><b>Therapies Days</b></p> <p>0,1,2,3,4,5,6,7</p>
<p><b>[Change to 7 Day Lookback period to be consistent with NF RUG algorithm]</b>  <b>P. Special Treatments and Procedures</b>  <b>1b. Therapies</b>  The second column is (B) total # minutes provided in last 7 days. Only the following fields are considered in the RUG calculation:  P1baB Speech  P1bbB Occupational Therapy  P1bcB Physical Therapy</p>	<p><b>Therapies Minutes</b></p> <p>0000 thru 9999</p>
<p><b>[Change to 7 Day Lookback period to be consistent with NF RUG algorithm]</b>  <b>P. Special Treatments and Procedures</b>  <b>3. Nursing Rehabilitation/Restorative Care</b>  Only the following fields are considered in the RUG calculation:  P3a Range of Motion (Passive).  P3b Range of Motion (Active).  P3c Splint or Brace Assistance.  P3d Bed Mobility.  P3e Transfer  P3f Walking  P3g Dressing or Grooming.  P3h Eating or Swallowing.  P3i Amputation/Prosthesis Care.</p>	<p><b>Nursing Rehabilitation/Restorative Care – Number of Days in last 7 days</b></p> <p>0,1,2,3,4,5,6,7,</p>

RUG-III Items	Valid Ranges for MNLOC
P3j Communication	
<p><b>[Change to 14 Day Lookback period to be consistent with NF RUG algorithm]</b>  <b>P. Special Treatments and Procedures</b>  <b>7. Physician Visits</b>  The following field is considered in the RUG calculation:  P7 Physician Visits</p>	<p><b>Physician Visit – Number of Days in last 14 days</b>   00 thru 14</p>
<p><b>[Change to 14 Day Lookback period to be consistent with NF RUG algorithm]</b>  <b>P. Special Treatments and Procedures</b>  <b>8. Physician Orders</b>  The following field is considered in the RUG calculation:  P8 Physician Orders</p>	<p><b>Physician Orders – Number of Days the physician changed orders in last 14 days</b>   00 thru 14</p>

## ***CALCULATION OF TOTAL "ADL" SCORE RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

The ADL score is used in all determinations of a individual's placement in a RUG-III category. It is a very important component of the classification process.

### ***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.**

<b><i>Column A =</i></b>	<b><i>Column B =</i></b>	<b><i>ADL score =</i></b>	<b><i>SCORE</i></b>
- , 0 or 1	<b>and</b> (any number)	= 1	G1a= _____
2	<b>and</b> (any number)	= 3	G1b= _____
3, 4, or 8	<b>and</b> - , 0, 1 or 2	= 4	G1i= _____
3, 4, or 8	<b>and</b> 3 or 8	= 5	

### ***STEP # 2***

If K5a (parenteral/IV) is checked, the eating ADL score is 3. If K5b (feeding tube) is checked and EITHER (1) K6a is 51 % or more calories OR (2) K6a is 26% to 50% calories and K6b is 501cc or more per day fluid enteral intake, then the eating ADL score is 3. **Enter the ADL eating score (G1h) below and total the ADL score. If not, go to Step #3.**

### ***STEP # 3***

If neither K5a nor K5b (with appropriate intake) are checked, evaluate the chart below for G1hA (eating self-performance). **Enter the score to the right** and total the ADL score. This is the RUG-III **TOTAL ADL SCORE**. (The total ADL score range possibilities are 4 through 18.)

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

**TOTAL RUG-III ADL SCORE \_\_\_\_\_**

*Other ADLs are also very important, but the researchers have determined that the late loss ADLs were more predictive of resource use. They determined that allowing for the early loss ADLs did not significantly change the classification hierarchy or add to the variance explanation.*

## ***CATEGORY I: EXTENSIVE SERVICES RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

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

### ***STEP # 1***

Is the individual 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 individual does not receive one of the above, skip to Category II now.**

### ***STEP # 2***

If at least **one** of the above treatments is coded then examine the total RUG-III ADL score.

- a. If the total RUG-III ADL score is 7 or more, then the individual classifies as Extensive Services. ***Move to Step #3.***
- b. If the individual's ADL score is 6 or less, ***skip to Category II*** now to determine if the individual will qualify for a Rehabilitation group. **If the individual does not qualify for Rehabilitation then they will automatically qualify for Special Care (SSA).**

### ***STEP # 3***

The individual 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 individual also meets the criteria for Special Care, Clinically Complex, and Impaired Cognition. The final split into either SE1, SE2, or SE3 will be completed after these criteria have been scored. ***Go to Category III, Step #3 now.***

- K5a Parenteral / IV
- P1ac IV Medication

**Extensive Count \_\_\_\_\_**  
***(Enter this count in Step #4 Category II)***

## ***CATEGORY II: REHABILITATION***

### ***RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

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,b.

#### ***STEP # 1***

Sum the therapy minutes in section P1b (a,b,c). **If the total number of therapy minutes is less than 45 minutes, the individual does not classify in the Rehabilitation Category. Skip to Category III now.**

#### ***STEP # 2***

If the total number of therapy minutes is equal to or greater than 45 minutes, use the following to complete the Rehabilitation Classification.

##### **Rehabilitation Criteria** (section P1b [a,b,c])

In the last 30 days:

Received 150 or more minutes **AND**

At least 5 days of any combination of the 3 disciplines **OR**

##### **Alternative Rehabilitation Criteria** (section P1b [a,b,c,] and P3)

In the last 30 days:

Received 45 or more minutes

At least 3 days of any combination of the 3 disciplines

2 or more nursing rehabilitation services\* received for at least 15 minutes each with each administered for 6 or more days

*\*Nursing Rehabilitation Services*

<i>H3a,b**</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b**</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f**</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>

*\*\*Count as one service even if both provided*

<u><i>RUG-III ADL</i></u>	<u><i>Score RUG-III Class</i></u>
17-18	RAD
14-16	RAC
10-13	RAB
4- 9	RAA

**RUG-III Classification \_\_\_\_\_**

**If the individual does not classify in the Rehabilitation Category, *skip to Category III.***

## ***CATEGORY III: SPECIAL CARE***

### ***RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

The classification groups in this hierarchy are based on certain individual conditions. **Note: Individuals receiving extensive services but with an ADL score of 6 or less also qualify in this hierarchy.** Use the following instructions:

#### ***STEP # 1***

Determine if the individual is receiving one or more of the extensive services.

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

#### ***STEP # 2***

If at least one of the extensive services is received, then the individual qualifies for the Special Care category. **Go to Step #6.** If none of the extensive services are received then, **go to Step #3.**

#### ***STEP # 3***

Determine if the individual is coded for **one** of the following special care conditions:

I1s	Cerebral palsy, with ADL sum $\geq 10$
I1w	Multiple sclerosis, with ADL sum $\geq 10$
I1z	Quadriplegia, with ADL sum $\geq 10$
J1h	Fever and <b>one</b> 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 = 30 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 30 days.***

**\*\*Skin treatments:**

<i>M5a, b<sup>#</sup></i>	<i>Pressure relieving chair and/or bed</i>
<i>M5c</i>	<i>Turning/repositioning</i>
<i>M5d</i>	<i>Nutrition or hydration intervention</i>
<i>M5e</i>	<i>Ulcer care</i>
<i>M5g</i>	<i>Application of dressings (not to feet)</i>
<i>M5h</i>	<i>Application of ointments (not to feet)</i>
<i><sup>#</sup></i>	<i>Count as one treatment even if both provided</i>

**\*\*\*Skin Treatments**

<i>M5f</i>	<i>Surgical wound care</i>
<i>M5g</i>	<i>Application of dressing (not to feet)</i>
<i>M5h</i>	<i>Application of ointments (not to feet)</i>

**If the individual does not have one of the above special care conditions skip to Category IV now.**

**STEP # 4**

If at least one of the special care conditions in Step #3 above is met:

- a. If the individual previously qualified for Extensive Service, proceed to Extensive Count Determination. **Go to Step #5. OR**
- b. If the RUG-III ADL score is 7 or more, the individual classifies as Special Care. **Go to Step #6. OR**
- c. If the RUG-III ADL score is 6 or less, the individual classifies as Clinically Complex. **Skip to Category IV, Step #4.**

**STEP # 5 (Extensive Count Determination)**

If the individual previously met the criteria for the Extensive Services category and the evaluation of the Special Care category is done only to determine if the individual is an SE1, SE2, or SE3, **enter 1 for the extensive count below if the evaluation met at least one of the special care criteria and skip to Category IV, Step #1.**

**Extensive Count \_\_\_\_\_**

*(Enter this count in Step #4 Category II)*

**STEP # 6**

If (1) at least one of the extensive services is coded (Step #1) OR (2) at least one of the special care conditions above is coded (Step #3) and the RUG-III ADL score is 7 or more, **the individual classifies in the Special Care category. Select the Special Care classification below based on the ADL score and record this classification:**

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

Record the appropriate Special Care classification:

**RUG-III CLASSIFICATION \_\_\_\_\_**

## ***CATEGORY IV: CLINICALLY COMPLEX RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

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

### ***STEP # 1***

Determine if the individual 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 30 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 30, Physician Visit/order changes: Visits $\geq$ 1 day and changes $\geq$ 4 days <b><u>OR</u></b> 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 30 days.***

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

### ***STEP # 2***

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

- a. Extensive Count Determination. ***Go to Step #3 OR***
- b. Clinically Complex classification. The individual classifies as Clinically Complex. ***Go to Step #4.***

**STEP # 3 (Extensive Count Determination)**

If the individual previously met the criteria for the Extensive Services category, and the evaluation of the Clinically Complex category is done only to determine if the individual is an SE1, SE2, or SE3, **enter 1 for the extensive count below if the evaluation met at least one of the clinically complex criteria and skip to Category V Step #1.**

**Extensive Count**

*(Enter this count in Step #4 Category II)*

**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. Individuals 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 individual is considered depressed 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 individual 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.

<b><i>RUG-III ADL Score</i></b>	<b><i>Depressed</i></b>	<b><i>RUG-III Class</i></b>
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-III CLASSIFICATION \_\_\_\_\_**

## ***CATEGORY V: IMPAIRED COGNITION***

### ***RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

#### ***STEP # 1***

Determine if the individual is cognitively impaired according to the RUG-III Cognitive Performance Scale (CPS). The individual 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 "-")
- (2) B4 Severely impaired cognitive skills (B4 = 3)
- (3) B2a, B4, C4 These three items (B2a, B4, and C4) are all assessed with none being blank or unknown (N/A)

#### **AND**

Two or more of the following impairment indicators are present

- |         |                           |
|---------|---------------------------|
| B2a = 1 | Short term memory problem |
| B4 > 0  | Cognitive skills problem  |
| C4 > 0  | Problem being understood  |

#### **AND**

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

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

**If the individual does not meet the criteria for cognitively impaired:**

- a. and the evaluation is being done to determine if the individual is in SE1, SE2, or SE3, ***skip to Step #4 Category II, "Category II: Extensive Services (cont.)."***
- b. ***Skip to Category VI now.***

#### ***STEP # 2***

If the individual meets the criteria for cognitive impairment:

- a. Extensive Count Determination. ***Go to Step #3. OR***
- b. The individual classifies as Impaired Cognition. ***Go to Step #4.***

**STEP # 3 (Extensive Count Determination)**

If the individual previously met the criteria for the Extensive Services category, and the evaluation of the Impaired Cognition category is done to determine if the individual is in SE1, SE2, or SE3, **enter 1 for the extensive count below if the evaluation met at least one of the impaired cognition criteria and skip to Step #4 Category II, "Category II: Extensive Services (cont.)"**.

**Extensive Count**

*(Enter this count in Step #4 Category II.)*

**STEP # 4**

The individual's total RUG-III ADL score must be 10 or less to be classified in the RUG-III Impaired Cognition categories. **If the ADL score is greater than 10, skip to Category VII now. If the ADL score is 10 or less and one of the impaired cognition conditions above is present, then the individual 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 over the last 30 days:

**Enter the nursing rehabilitation count to the right.**

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

<b><u>RUG-III ADL Score</u></b>	<b><u>Nursing Rehabilitation</u></b>	<b><u>RUG-III Class</u></b>
6 - 10	2 or more	IB2
6 - 10	0 or 1	IB1
4 - 5	2 or more	IA2
4 - 5	0 or 1	IA1

**RUG-III CLASSIFICATION** \_\_\_\_\_

***CATEGORY II: EXTENSIVE SERVICES (cont.)***  
***RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

If the individual 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:

Extensive Count - Extensive Services	_____
Extensive Count - Special Care	_____
Extensive Count - Clinically Complex	_____
Extensive Count - Impaired Cognition	_____
<b>Total Extensive Count</b>	_____

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

<b><i>Extensive Count</i></b>	<b><i>RUG-III Class</i></b>
4 or 5	SE3
2 or 3	SE2
0 or 1	SE1

**RUG-III CLASSIFICATION**

## ***CATEGORY VI: BEHAVIOR PROBLEMS*** ***RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION***

### ***STEP # 1***

The individual's total RUG-III ADL score must be 10 or less. **If the score is greater than 10, skip to Category VII 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 individual does not meet one of the above, skip to Category VII now.**

### ***STEP # 3***

#### **Determine Nursing Rehabilitation**

Count the number of the following services provided for 15 or more minutes a day for the last 30 days:

***Enter the nursing rehabilitation count to the right.***

- |                      |   |
|----------------------|---|
| <b><i>H3a,b*</i></b> | <b><i>Any scheduled toileting program and/or bladder retraining program</i></b> |
| <b><i>P3a,b*</i></b> | <b><i>Passive and/or active ROM</i></b>   |
| <b><i>P3c</i></b>    | <b><i>Splint or brace assistance</i></b>  |
| <b><i>P3d,f*</i></b> | <b><i>Bed mobility and/or walking training</i></b>                              |
| <b><i>P3e</i></b>    | <b><i>Transfer training</i></b>   |
| <b><i>P3g</i></b>    | <b><i>Dressing or grooming training</i></b>                                     |
| <b><i>P3h</i></b>    | <b><i>Eating or swallowing training</i></b>                                     |
| <b><i>P3i</i></b>    | <b><i>Amputation/Prosthesis care</i></b>  |
| <b><i>P3j</i></b>    | <b><i>Communication training</i></b>  |
- \*Count as one service even if both provided.***

**Nursing Rehabilitation Count \_\_\_\_\_**

**STEP # 4**

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

<b><i>RUG-III ADL Score</i></b>	<b><i>Nursing Rehabilitation</i></b>	<b><i>RUG-III Class</i></b>
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-III CLASSIFICATION \_\_\_\_\_**

**CATEGORY VII: REDUCED PHYSICAL  
FUNCTIONS  
RUG-III, 34 GROUP HIERARCHICAL CLASSIFICATION**

***STEP # 1***

Individuals 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 the last 30 days:

***Enter the nursing rehabilitation count to the right.***

<b><i>H3a,b*</i></b>	<b><i>Any scheduled toileting program and/or bladder retraining program</i></b>
<b><i>P3a,b*</i></b>	<b><i>Passive and/or active ROM</i></b>
<b><i>P3c</i></b>	<b><i>Splint or brace assistance</i></b>
<b><i>P3d,f*</i></b>	<b><i>Bed mobility and/or walking training</i></b>
<b><i>P3e</i></b>	<b><i>Transfer training</i></b>
<b><i>P3g</i></b>	<b><i>Dressing or grooming training</i></b>
<b><i>P3h</i></b>	<b><i>Eating or swallowing training</i></b>
<b><i>P3i</i></b>	<b><i>Amputation/Prosthesis care</i></b>
<b><i>P3j</i></b>	<b><i>Communication training</i></b>

***\*Count as one service even if both provided***

**Nursing Rehabilitation Count \_\_\_\_\_**

**STEP # 3**

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

<b><i>RUG-III ADL Score</i></b>	<b><i>Nursing Rehabilitation</i></b>	<b><i>RUG-III Class</i></b>
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-III CLASSIFICATION** \_\_\_\_\_

The tables below are an excerpt from Chapter 6 of the Resident Assessment Instrument Manual from the Federal CMS.

<b>EIGHT MAJOR RUG-III CLASSIFICATION GROUPS</b>	
<b>MAJOR RUG-III GROUP</b>	<b>CHARACTERISTICS ASSOCIATED WITH MAJOR RUG-III GROUP</b>
Rehabilitation Plus Extensive Services	Residents receiving physical, speech or occupational therapy AND receiving IV feeding or medications, suctioning, tracheostomy care, or ventilator/respirator. This group is not used in the 34 Group Model.
Rehabilitation	Residents receiving physical, speech or occupational therapy.
Extensive Services	Residents receiving complex clinical care or with complex clinical needs such as IV feeding or medications, suctioning, tracheostomy care, ventilator/respirator and comorbidities that make the resident eligible for other RUG categories.
Special Care	Residents receiving complex clinical care or with serious medical conditions such as multiple sclerosis, quadriplegia, cerebral palsy, respiratory therapy, ulcers, stage III or IV pressure ulcers, radiation, surgical wounds or open lesions, tube feeding and aphasia, fever with dehydration, pneumonia, vomiting, weight loss or tube feeding.
Clinically Complex	Residents receiving complex clinical care or with conditions requiring skilled nursing management and interventions for conditions and treatments such as burns, coma, septicemia, pneumonia, foot infections or wounds, internal bleeding, dehydration, tube feeding, oxygen, transfusions, hemiplegia, chemotherapy, dialysis, physician visits/order changes.
Impaired Cognition	Residents having cognitive impairment in decision-making, recall and short-term memory. (Score on MDS 2.0 cognitive performance scale $\geq 3$ ).
Behavior Problems	Residents displaying behavior such as wandering, verbally or physically abusive or socially inappropriate, or who experience hallucinations or delusions
Reduced Physical Function	Residents whose needs are primarily for activities of daily living and general supervision.

Case Mix Index Array Element	RUG Group Value	Name
<b>Extensive Services Groups</b>		
24	SE3	Extensive Services 3/ADL > 6
25	SE2	Extensive Services 2/ADL > 6
26	SE1	Extensive Services 1/ADL > 6
<b>Rehabilitation Groups for the 34 group model</b>		
27	RAD	Rehabilitation All Levels /ADL 17 – 18
28	RAC	Rehabilitation All Levels /ADL 14 – 16
29	RAB	Rehabilitation All Levels /ADL 9 – 13
30	RAA	Rehabilitation All Levels /ADL 4 – 8
<b>Remaining Groups</b>		
31	SSC	Special Care/ADL 17 - 18
32	SSB	Special Care/ADL 15 – 16
33	SSA	Special Care/ADL 4 – 14
34	CC2	Clinically Complex With Depression/ADL 17 – 18
35	CC1	Clinically Complex/ADL 17 - 18
36	CB2	Clinically Complex with Depression/ADL 12-16
37	CB1	Clinically Complex/ADL 12-16
38	CA2	Clinically Complex with Depression/ADL 4-11
39	CA1	Clinically Complex/ADL 4-11
40	IB2	Cog. Impairment with Nursing Rehab/ADL 6 - 10
41	IB1	Cognitive Impairment/ADL 6-10
42	IA2	Cog. Impairment with Nursing Rehab/ADL 4-5
43	IA1	Cognitive Impairment/ADL 4-5
44	BB2	Behavior Problem with Nursing Rehab/ADL 6 – 10
45	BB1	Behavior Problem/ADL 6 – 10
46	BA2	Behavior Problem with Nursing Rehab/ADL 4-5
47	BA1	Behavior Problem/ADL 4-5
48	PE2	Physical Function with Nursing Rehab/ADL 16-18
49	PE1	Physical Function/ADL 16-18
50	PD2	Physical Function with Nursing Rehab/ADL 11-15
51	PD1	Physical Function/ADL 11-15
52	PC2	Physical Function with Nursing Rehab/ADL 9-10
53	PC1	Physical Function/ADL 9-10
54	PB2	Physical Function with Nursing Rehab/ADL 6-8
55	PB1	Physical Function/ADL 6-8
56	PA2	Physical Function with Nursing Rehab/ADL 4-5
57	PA1	Physical Function/ADL 4-5
58	BC1	RUG-III group not calculated due to data errors