Patient-Driven Payment Model (PDPM) Long-Term Care (LTC) Calculation Worksheet

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1.   Overview

The purpose of this Patient-Driven Payment Model (PDPM) for Long-Term Care calculation worksheet is to illustrate how a resident is classified for payment purposes under PDPM LTC.

In the PDPM LTC, there are two case-mix adjusted components: Non-Therapy Ancillary (NTA), and Nursing. Each resident is to be classified into one and only one group for each of the case-mix adjusted components. In other words, each resident is classified into an NTA group, and a nursing group. For both case-mix adjusted components, there are a number of groups to which a resident may be assigned, based on the relevant MDS 3.0 data for that component. There are 3 NTA groups, and 6 nursing groups. Additionally, PDPM LTC applies one of two cognitive levels based on BIMS and cognitive status.

> **NOTE**: Instructions for completing the Minimum Data Set (MDS) 3.0 are included in the Resident Assessment Instrument (RAI) Manual found at the following link on the CMS.gov website: https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

2. Calculation of PDPM LTC Cognitive Level

One of two PDPM LTC cognitive levels is assigned based on the Brief Interview for Mental Status (BIMS) or the cognitive status.

- Cognitive level Y = Severely Impaired or Moderately Impaired
- Cognitive level X = Cognitively Intact or Mildly Impaired

If C0100 is 1 = Yes and C0500 is dash (-), indicating the assessment was not completed, the RAI Manual instructs the assessor to not complete the Staff Assessment. In this scenario, the BIMS score will be defaulted to X.

STEP #1

Determine the resident's BIMS Summary Score on the MDS 3.0 based on the resident interview. The BIMS involves the following items:

- C0200 Repetition of three words
- C0300 Temporal orientation
- C0400 Recall

Item C0500 provides a BIMS Summary Score that ranges from 00 to 15. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

Calculate the resident's PDPM cognitive level using the following mapping:

Table 1: Calculation of PDPM Level from BIMS

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13-15
Mildly Impaired	8-12
Moderately Impaired	0-7
Severely Impaired	-

BIMS Score of 8 - 15 indicating Cognitive Level of Cognitively Intact or Mildly Impaired = PDPM LTC Cognitive Level value X.

BIMS Score of dash (-) or 0 - 7 indicating Cognitive Level of Moderately or Severely Impaired = PDPM LTC Cognitive Level value Y.

PDPM Cognitive Level:_____

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a

dash value (not assessed), then proceed to Step #2 to use the staff assessment for PDPM cognitive level.

STEP #2

If the resident's Summary Score is 99 or the Summary Score is blank or has a dash value, then determine the resident's cognitive status based on the staff assessment for PDPM cognitive level using the following steps:

> **NOTE**: When evaluating Section GG, use Column 1. Admission Performance when A0310A = 01 Admission. For all other OBRA assessments (A0310A = 02 – 06) use Column 5, OBRA/Interim Performance.

A. The resident classifies as severely impaired if one of following conditions exist:
   a. Comatose (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A, GG0130C, GG0170B, GG0170C, GG0170D, GG0170E, and GG0170F, all equal 01, 09, or 88).
   b. Severely impaired cognitive skills for daily decision making (C1000 = 3).

B. If the resident is not severely impaired based on Sub-step A, then determine the resident's Basic Impairment Count and Severe Impairment Count.

For each of the conditions below that applies, add one to the Basic Impairment Count.

   a. In Cognitive Skills for Daily Decision Making, the resident has modified independence or is moderately impaired (C1000 = 1 or 2).
   b. In Makes Self Understood, the resident is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).
   c. Based on the Staff Assessment for Mental Status, resident has memory problem (C0700 = 1).

Sum a., b., and c. to get the Basic Impairment Count:_____

For each of the conditions below that applies, add one to the Severe Impairment Count.

   a. In Cognitive Skills for Daily Decision Making, resident is moderately impaired (C1000 = 2).
   b. In Makes Self Understood, resident is sometimes understood or rarely/never understood (B0700 = 2 or 3).

Sum a. and b. to get the Severe Impairment Count:_____

C. The resident classifies as moderately impaired if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.
D. The resident classifies as mildly impaired if the Severe Impairment Count is 0 and the Basic Impairment Count is 1, 2, or 3.

E. The resident classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.

If the resident classifies as Severely Impaired or Moderately Impaired based on Step #2 A the PDPM LTC Cognitive Level = Y.

For any other level of Cognitive Impairment based on Step #2 (Cognitively Intact, or Mildly Impaired) the PDPM LTC Cognitive Level = X.

PDPM LTC Cognitive Level:_____

3. Payment Component: NTA

STEP #1

Determine whether resident has one or more NTA-related comorbidities.

1. Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – High Intensity" or the comorbidity: "Parenteral/IV Feeding – Low Intensity". To do so, first determine if the resident received parenteral/IV feeding during the last 7 days while a resident of the NF using item K0520A3 (While a Resident). If the resident did not receive parenteral/IV feeding during the last 7 days while a resident, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

   If the resident did receive parenteral/IV feeding during the last 7 days while a resident, then use item K0710A to determine if the proportion of total calories the resident received through parenteral or tube feeding was 51% or more while a resident (K0710A2 = 3). If K0710A2 = 3 then the resident meets the criteria for Parenteral/IV Feeding – High Intensity. If the proportion of total calories the resident received through parenteral or tube feeding was 26-50% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding was 501 cc per day or more while a resident (K0710B2 = 2), then the resident qualifies for Parenteral/IV Feeding – Low Intensity.

Presence of Parenteral/IV Feeding – High Intensity? (Yes/No)_____
Presence of Parenteral/IV Feeding – Low Intensity? (Yes/No)_____

2. Determine whether the resident has any additional NTA-related comorbidities. To do this, examine the conditions and services in the table below. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10- CM codes are coded in Section I8000 using the mapping available at https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/patient-driven-model

Table 12: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points
Parenteral IV Feeding: Level High	K0520A3, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Invasive Mechanical Ventilator	O0110F1b	4
Parenteral IV feeding: Level Low	K0520A3, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2

Condition/Extensive Service	MDS Item	Points
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care While a Resident	O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation While a Resident	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation While a Resident	O0110B1b	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

Condition/Extensive Service	MDS Item	Points
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1

STEP #2

Calculate the resident's total NTA score using the table above. To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the resident's score is 0.

NTA Score:_____

STEP #3

Determine the resident's NTA group using the table below.

Table 13: NTA Case-Mix Groups

NTA Score Range	NTA Case-Mix Group
>/= 9	1
3 – 8	2
0 – 2	3

PDPM LTC NTA Classification:_____

4. Payment Component: Nursing

STEP #1

Calculate the resident's Function Score for nursing payment.

When A0310A = 1 Admission, use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

Table 14: Function Score for Nursing Payment – Admission

Admission Performance (Column 1) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88	0

When A0310A = 02 - 06, use the following table to determine the Function Score for Eating OBRA/Interim Performance (GG0130A5), Toileting Hygiene OBRA/Interim Performance (GG0130C5), Sit to Lying OBRA/Interim Performance (GG0170B5), Lying to Sitting on Side of Bed OBRA/Interim Performance (GG0170C5), Sit to Stand OBRA/Interim Performance (GG0170D5), Chair/Bed-to-Chair Transfer OBRA/Interim Performance (GG0170E5), and Toilet Transfer OBRA/Interim Performance (GG0170F5).

Table 15: Function Score for Nursing Payment - OBRA

OBRA/ Interim Performance (Column 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88	0

Enter the Function Score for each item:

Eating
Eating Function Score:_____

Toileting
Toileting Hygiene Function Score:_____

Bed Mobility
Sit to Lying Function Score:_____
Lying to Sitting on Side of Bed Function Score:_____

Transfer
Sit to Stand Function Score:_____
Chair/Bed-to-Chair Function Score:_____
Toilet Transfer Function Score:_____

Next, calculate the average score for the two bed mobility items and the three transfer items as follows: Average the scores for Sit to Lying and Lying to Sitting on Side of Bed. Average the scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer. Enter the average bed mobility and transfer scores below.

Average Bed Mobility Function Score:_____
Average Transfer Function Score:_____

Calculate the sum of the following scores: Eating Function Score, Toileting Hygiene Function Score, Average Bed Mobility Score, and Average Transfer Score. Finally, round this sum to the nearest integer. This is the PDPM LTC Function Score for nursing payment. The PDPM LTC Function Score for nursing payment ranges from 0 through 16.

NURSING FUNCTION SCORE:_____

STEP #2
Determine the resident's nursing case-mix groups using the hierarchical classification below. In the hierarchical approach, start at the top and work down through the PDPM nursing classification model steps discussed below; the assigned classification is the first group for which the resident qualifies. In other words, start with the Extensive Services groups at the top of the PDPM nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 6 individual PDPM nursing groups for which the resident qualifies, assign that group as the PDPM nursing classification.

5. Category: Extensive Services

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

STEP # 1

Determine whether the resident is coded for one of the following treatments or services:

O0110E1b	Tracheostomy care while a resident
O0110F1b	Ventilator or respirator while a resident
O0110M1b	Isolation or quarantine for active infectious disease while resident

If the resident does not receive one of these treatments or services, skip to the Special Care High Category now.

STEP # 2

If at least one of these treatments or services is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he/she classifies in the Extensive Services category. **Move to Step #3.**

If at least one of these treatments or services is coded and the resident's PDPM Nursing Function Score is 15 or 16, he/she classifies as Clinically Complex. **Skip to the Clinically Complex Category, Step #2.**

STEP # 3

The resident classifies in the Extensive Services category according to the following chart:

Extensive Service Conditions	PDPM LTC Nursing Classification
Tracheostomy care* **and** ventilator/respirator*	E
Tracheostomy care* **or** ventilator/respirator*	E
Isolation or quarantine for active infectious disease * **without** tracheostomy care* **without** ventilator/respirator*	E

while a resident

PDPM LTC Nursing Classification:_____

If the resident does not classify in the Extensive Services Category, proceed to the Special Care High Category.

6. Category: Special Care High

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

STEP # 1

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

> **NOTE**: Note: When evaluating Section GG, use Column 1. Admission Performance when A0310A = 01 Admission. Use Column 5. OBRA/Interim Performance for all other OBRA assessments (A0310A = 02 – 06).

Code	Condition
B0100, Section GG items	Comatose and completely dependent or activity did not occur at Admission (GG0130A, GG0130C, GG0170B, GG0170C, GG0170D, GG0170E, and GG0170F, all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A,B	Diabetes with **both** of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11
I6200, J1100C	Chronic obstructive pulmonary disease **and** shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B1 or K0520B3 Feeding tube*
K0520A1 or K0520A3	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

Tube feeding classification requirements:

(1) K0710A3 is 51% or more of total calories OR

(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

If the resident does not have one of these conditions, skip to the Special Care Low Category now.

STEP # 2

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care High. **Move to Step**

#3. If the resident's PDPM Nursing Function Score is 15 or 16, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). The following items comprise the PHQ-9©:

Resident	Staff	Description
D0150A2	D0500A2	Little interest or pleasure in doing things
D0150B2	D0500B2	Feeling down, depressed, or hopeless
D0150C2	D0500C2	Trouble falling or staying asleep, sleeping too much
D0150D2	D0500D2	Feeling tired or having little energy
D0150E2	D0500E2	Poor appetite or overeating
D0150F2	D0500F2	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0150G2	D0500G2	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H2	D0500H2	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
D0150I2	D0500I2	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J2	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0160 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed? (Yes/No)_____

STEP # 4

Select the Special Care High classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM LTC Classification
0-14	Yes	H
0-14	No	H

PDPM LTC Nursing Classification: _____

7. Category: Special Care Low

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

STEP # 1

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

Code	Condition
I4400, Nursing Function Score	Cerebral palsy, with Nursing Function Score <=11
I5200, Nursing Function Score	Multiple sclerosis, with Nursing Function Score <=11
I5300, Nursing Function Score	Parkinson's disease, with Nursing Function Score <=11
I6300, O0110C1b	Respiratory failure and oxygen therapy while a resident
K0520B2 or K0520B3	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1,D1,F1	Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1030	2 or more venous/arterial ulcer with 2 or more selected skin treatments**
M1040A,B,C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0110B1b	Radiation treatment while a resident
O0110J1b	Dialysis treatment while a resident

Tube feeding classification requirements:
>   *(1) K0710A3 is 51% or more of total calories OR*
>   *(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake*
>   *in the last 7 days.*

**Selected skin treatments:
M1200A,B Pressure relieving chair and/or bed
M1200C Turning/repositioning
M1200D Nutrition or hydration intervention
M1200E Pressure ulcer care
M1200G Application of dressings (not to feet)
M1200H Application of ointments (not to feet)
#Count as one treatment even if both provided

If the resident does not have one of these conditions, skip to the Clinically Complex Category now.

STEP # 2

If at least one of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he/ or she classifies as Special Care Low. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, he/she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). The following items comprise the PHQ-9©:

Resident	Staff	Description
D0150A2	D0500A2	Little interest or pleasure in doing things
D0150B2	D0500B2	Feeling down, depressed, or hopeless
D0150C2	D0500C2	Trouble falling or staying asleep, sleeping too much
D0150D2	D0500D2	Feeling tired or having little energy
D0150E2	D0500E2	Poor appetite or overeating
D0150F2	D0500F2	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0150G2	D0500G2	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H2	D0500H2	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
D0150I2	D0500I2	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J2	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0160 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed (Yes/No)_____

STEP # 4

Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM LTC Nursing Classification
0-14	Yes	L
0-14	No	L

PDPM LTC Nursing Classification:_____

8.   Category: Clinically Complex

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

STEP # 1

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

Table 15: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D,E	Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds
M1040F	Burns
O0110A1b	Chemotherapy while a resident
O0110C1b	Oxygen Therapy while a resident
O0110H1b	IV Medications while a resident
O0110I1b	Transfusions while a resident

Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

If the resident does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.

STEP # 2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). The following items comprise the PHQ-9©:

Resident	Staff	Description
D0150A2	D0500A2	Little interest or pleasure in doing things
D0150B2	D0500B2	Feeling down, depressed, or hopeless
D0150C2	D0500C2	Trouble falling or staying asleep, sleeping too much
D0150D2	D0500D2	Feeling tired or having little energy
D0150E2	D0500E2	Poor appetite or overeating
D0150F2	D0500F2	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0150G2	D0500G2	Trouble concentrating on things, such as reading the newspaper or watching television

Resident	Staff	Description
D0150H2	D0500H2	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
D0150I2	D0500I2	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J2	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0160 and for the staff assessment at Item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful.

The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed? (Yes/No)_____

STEP # 3

Select the Clinically Complex classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM LTC Nursing Classification
0-16	Yes	C
0-16	No	C

PDPM LTC Nursing Classification:_____

9. Category: Behavioral Symptoms and Cognitive Performance

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

STEP # 1

Determine the resident's PDPM Nursing Function Score. If the resident's PDPM Nursing Function Score is 11 or greater, go to Step #2.

If the PDPM Nursing Function Score is less than 11, skip to the Reduced Physical Function Category now.

STEP # 2

If C0100 is 1 = Yes and C0500 is dash (-), indicating the assessment was not completed, the RAI Manual instructs the assessor to not complete the Staff Assessment. In this scenario, the BIMS score will be defaulted to X.

If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.

Determine the resident's cognitive status based on resident interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

C0200   Repetition of three words
C0300   Temporal orientation
C0400   Recall

Item C0500 provides a BIMS Summary Score for these items and indicates the resident's cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

If the resident's Summary Score is less than or equal to 9, he or she classifies in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5.

If the resident's summary score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped), proceed to Step #3 to check staff assessment for cognitive impairment.

STEP # 3

Determine the resident's cognitive status based on the staff assessment rather than on resident interview.

NOTE: When evaluating Section GG, use Column 1 Admission Performance when A0310A = 01 Admission. For all other OBRA assessments (A0310A = 02 – 06), use Column 5, OBRA/Interim Performance.

Check if **one** of the three following conditions exists:

Code	Condition
B0100	Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A, GG0130C, GG0170B, GG0170C, GG0170D, GG0170E, and GG0170F all equal 01, 09, or 88)
C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
B0700, C0700, C1000	Two or more of the following impairment indicators are present: B0700 > 0 Usually, sometimes, or rarely/never understood C0700 = 1 Short-term memory problem C1000 > 0 Impaired cognitive skills for daily decision making **and** One or more of the following severe impairment indicators are present: B0700 >= 2 Sometimes or rarely/never makes self-understood C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

If the resident meets one of the three above conditions, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not meet any of the three conditions, proceed to Step #4.

STEP # 4

Determine whether the resident presents with one of the following behavioral symptoms:

E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms directed toward others (2 or 3)
E0200B	Verbal behavioral symptoms directed toward others (2 or 3)
E0200C	Other behavioral symptoms not directed toward others (2 or 3)
E0800	Rejection of care (2 or 3)
E0900	Wandering (2 or 3)

If the resident presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If he or she does not present with behavioral symptoms, skip to the Reduced Physical Function Category.

STEP # 5
Determine Restorative Nursing Count

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

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A,B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D,F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count:_____

STEP # 6
Select the final PDPM Classification by using the total PDPM Nursing Function Score and the Restorative Nursing Count:

Nursing Function Score	Restorative Nursing	PDPM LTC Nursing Classification
11-16	2 or more	B
11-16	0 or 1	B

PDPM LTC Nursing Classification:_____

10. Category: Reduced Physical Function

STEP # 1

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a PDPM Nursing Function Score less than 11, are placed in this category.

STEP # 2

Determine Restorative Nursing Count

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

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A,B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D,F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count_____

STEP # 3

Select the PDPM Classification by using the PDPM Nursing Function Score and the Restorative Nursing Count.

Nursing Function Score	Restorative Nursing	PDPM LTC Nursing Classification
0-16	2 or more	P
0-16	0 or 1	P

PDPM LTC Nursing Classification:_____