

RUG-III VERSION 5.2 CALCULATION WORKSHEET

34 GROUP MODEL

This RUG-III Version 5.2 calculation worksheet is a step-by-step walk through to manually determine the appropriate RUG-III classification based on the information from an MDS 2.0 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 Version 5.2 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 residents 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 residents in the Rehabilitation groups have the highest level of combined nursing and rehabilitation need, while residents 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** MDS 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 MDS 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 an MDS 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 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 for most items, 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 resident 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 resident qualifies, then assign that group as the RUG-III classification and you are finished.

If the resident 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 resident 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 resident 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 resident 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 resident 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 resident.

If the resident 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 resident 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.

TABLE OF VALID RUG-III ITEM RANGES

RUG-III Items	Valid Ranges
Aa8b	1,2,3,4,5,6,7,8 or blank
B1	0,1,-
B2a	0,1,- or blank
B4,C4	0,1,2,3,- or blank
E1a,E1b,E1c,E1d,E1e,E1f,E1g, E1h,E1i,E1j,E1k,E1l,E1m, E1n,E1o,E1p	0,1,2,- or blank
E4aA,E4bA,E4cA,E4dA,E4eA	0,1,2,3,- or blank
G1aA,G1bA,G1hA,G1iA	0,1,2,3,4,8,-
G1aB,G1bB,G1iB	0,1,2,3,8,-
H3a,H3b I1a,I1r,I1s,I1v,I1w,I1z I2e,I2g J1c,J1e,J1h,J1i,J1j,J1o K3a K5a,K5b	0,1,-
K6a	0,1,2,3,4,- or blank
K6b	0,1,2,3,4,5,- or blank
M1a,M1b,M1c,M1d	0,1,2,3,4,5,6,7,8,9,-
M2a	0,1,2,3,4,-
M4b,M4c,M4g M5a,M5b,M5c,M5d,M5e,M5f,M5g,M5h M6b,M6c,M6f N1a,N1b,N1c	0,1,-
O3	0,1,2,3,4,5,6,7,-
P1aa,P1ab,P1ac,P1ag,P1ah, P1ai,P1aj,P1ak,P1al	0,1,-
P1baA,P1bbA,P1bcA,P1bdA	0,1,2,3,4,5,6,7,-
P1baB,P1bbB,P1bcB	0000 thru 9999 or ----
P3a,P3b,P3c,P3d,P3e,P3f,P3g, P3h,P3i,P3j	0,1,2,3,4,5,6,7,-
P7 P8	00 thru 14 or --
T1b	0,1,- or blank
T1c	00 thru 15 or -- or blank
T1d	0000 thru 9999 or ---- or blank

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

The ADL score is used in all determinations of a resident'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.**

<u>Column A =</u>	and	<u>Column B =</u>	=	<u>ADL score =</u>	=	<u>SCORE</u>
-, 0 or 1	and	(any number)	=	1	=	G1a=____
2	and	(any number)	=	3	=	G1b=____
3, 4, or 8	and	-, 0, 1 or 2	=	4	=	G1i= ____
3, 4, or 8	and	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.)

<u>Column A (G1h) =</u>	=	<u>ADL score =</u>	=	<u>EATING SCORE</u>
-, 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 resident 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 resident 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 resident classifies as Extensive Services. ***Move to Step #3.***
- b. If the resident's ADL score is 6 or less, ***skip to Category II*** now to determine if the resident will qualify for a Rehabilitation group. **If the resident does not qualify for Rehabilitation then they will automatically qualify for Special Care (SSA).**

► ***STEP # 3***

The resident 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 resident 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 on Page 17.)

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 of the MDS Version 2.0.

► ***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 resident 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 7 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 7 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*

*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*

RUG-III ADL Score

RUG-III Class

17-18

RAD

14-16

RAC

10-13

RAB

4- 9

RAA

RUG-III Classification _____

If the resident 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 resident conditions. **Note: Residents 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 resident 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 resident 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 resident is coded for **one** of the following special care conditions:

I1s	Cerebral palsy, with ADL sum ≥ 10
I1w	Multiple sclerosis, with ADL sum ≥ 10
I1z	Quadriplegia, with ADL sum ≥ 10
J1h	Fever and one 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 =7 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 7 days.**

****Skin treatments:**

<i>M5a, b[#]</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>[#]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 resident 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 resident 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 resident classifies as Special Care. **Go to Step #6. OR**
- c. If the RUG-III ADL score is 6 or less, the resident classifies as Clinically Complex. **Skip to Category IV, Step #4.**

► STEP # 5 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category and the evaluation of the Special Care category is done only to determine if the resident 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 on Page 17.)

► **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 resident classifies in the Special Care category. Select the Special Care classification below based on the ADL score and record this classification:**

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
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 resident conditions. Use the following instructions:

► ***STEP # 1***

Determine if the resident 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 7 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 14, Physician Visit/order changes: Visits \geq 1 day and changes \geq 4 days OR 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 7 days.***

If the resident 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 resident classifies as Clinically Complex. ***Go to Step #4.***

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

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Clinically Complex category is done only to determine if the resident 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 on Page 17.)

► **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. Residents 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 resident 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 resident 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.

<u><i>RUG-III ADL Score</i></u>	<u><i>Depressed</i></u>	<u><i>RUG-III Class</i></u>
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 resident is cognitively impaired according to the RUG-III Cognitive Performance Scale (CPS). The resident 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 resident does not meet the criteria for cognitively impaired:

- a. and the evaluation is being done to determine if the resident is in SE1, SE2, or SE3, ***skip to Step #4 on Page 17, "Category II: Extensive Services (cont.)."***
- b. ***Skip to Category VI now.***

► ***STEP # 2***

If the resident meets the criteria for cognitive impairment:

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

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

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Impaired Cognition category is done to determine if the resident 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 on Page 17, "Category II: Extensive Services (cont.)"**.

Extensive Count _____

(Enter this count in Step #4 on Page 17.)

► **STEP # 4**

The resident'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 resident 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 for 6 or more of the last 7 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.

<u>RUG-III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG-III Class</u>
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 resident 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:

Page 6	Extensive Count - Extensive Services	_____
Page 10	Extensive Count - Special Care	_____
Page 13	Extensive Count - Clinically Complex	_____
Page 16	Extensive Count - Impaired Cognition	_____

Total Extensive Count _____

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

<u>Extensive Count</u>	<u>RUG-III Class</u>
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 resident'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 resident 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 6 or more of the last 7 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 # 4**

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

<u>RUG-III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG-III Class</u>
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**

Residents 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 6 or more of the last 7 days:

Enter the nursing rehabilitation count to the right.

<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>
<i>*Count as one service even if both provided</i>	

Nursing Rehabilitation Count _____

► **STEP # 3**

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

<u><i>RUG-III ADL Score</i></u>	<u><i>Nursing Rehabilitation</i></u>	<u><i>RUG-III Class</i></u>
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 _____