# MDS 3.0 RUG-IV Decision Tree – 48 Grouper

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

Extensive Services (At least one of the following \$.)  Tracheostomy Care while a resident (O0100E2)  Tracheostomy Care while a resident (O0100F2)  Infection isolation while a resident (O0100M2)  Rehabilitation  Rehabilitation  Rehabilitation  Fehabilitation  Services days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C3] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C3] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C3] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A2, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A2, O0400B4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A2, O0400B4, O0400B4, O0400B1, O0400B2, O0400B3, O0400B3, O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	211
* Ventilator or respirator while a resident (O0100F2)  * Infection isolation while a resident (O0100M2)  * Infection isolation:  * without ventilator or respirator  * None  * N	
* Ventilator or respirator while a resident (O0100F2)  * Infection isolation while a resident (O0100M2)  * Infection isolation:  * without tracheostomy care  * without ventilator or respirator care  * Without ventilator or respirator care  * None  * AD  * S days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  * A days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  * AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)  * Tracheostomy care or ventilator/ respirator  Infection isolation:  * without ventilator or respirator  care  None  None	ın l
Rehabilitation  * 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400C3]  OR  * 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400C2, O0400C3]  OR  * 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400C2, O0400C3]  OR  * 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	
Rehabilitation  * 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B2, O0400B3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  * 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400B3; O0400B3; O0400C1, O0400C2, O0400C3]  * 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400B4] AND 41 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400B3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	3
\$ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  \$ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	2
Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  OR  3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	5
Od400C4) AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3: O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  a 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400B4, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	8
Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]  OR  3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	1
OR  3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	
	2
	manifest, amount of the control of t
Special Care High  (ADL Score of >=2 or more and at least one of the following ❖.)  15-16 Depression HE2 1.88	
© Comatose (B0100) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0110I1 all = 4 or 8)  15-16 No Depression HE1 1.47  Depression HD2 1.69	1
* Septicemia (I2100) 11-14 No Depression HD1 1.33	
Diabetes (12900) with both of the following:  6-10 Depression HC2 1.57	
Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)      Insulin injections for all 7 days (N0350A = 7)	
• Insulin order changes on 2 or more days (N0350B >= 2)  2-5 Depression HB2 1.55	
<ul> <li>         © Quadriplegia (I5100) with ADL score &gt;= 5         </li> <li>         2-5         No Depression         HB1         1.22     </li> </ul>	
Asthma or COPD (16200) AND shortness of breath while lying flat (J1100C)  Note: See description of Depression	
Fever (J1550A) and one of the following:	
Pneumonia (I2000)	
Vomiting (J1550B) OR	
• Weight loss (K0300 = 1 or 2)	
Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories (K0700A = 3) OR 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is 501cc or more per day (K0700B = 2)	
♦ Parenteral/IV feedings (K0510A1 or K0510A2)	
Respiratory therapy for all 7 days (O0400D2 = 7)	-
4 If a resident qualifies for Special Care High but the ADL score is 1 or less then resident classifies as Clinically Complex	

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	Score	Requirements	Studie	Sel FI
Special Care Low	15-16	Depression	LE2	1.61
(ADL score of 2 or more and at least one of the following *.)	15-16	No Depression	LE1	1.26
⊕ Cerebral palsy (14400) with ADL score >=5	11-14	Depression		
♦ Multiple sclerosis (I5200) with ADL score >= 5	11-14	No Depression	LD2	1.54
♦ Parkinson's disease(I5300) with ADL score >= 5	6-10		LD1	1.21
<ul> <li>Respiratory failure (16300) and oxygen therapy while a resident (O0100C2)</li> </ul>		Depression	LC2	1.30
Feeding Tube (K0510B1 or K0510B2) with at least 51% of total calories	6-10	No Depression	LC1	1.02
(K0700A = 3) OR 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is 501cc or more per day (K0700B = 2)		Depression	LB2	1.21
	2-5	No Depression	LB1	0.95
Two or more stage 2 pressure ulcer (M0300B1) with two or more skin treatments:		Note: See description of Depression Indicator, page 4.		
Pressure relieving chair (M1200A) and/or bed M1200B)     Turning (mnositioning /M1200C)				
<ul> <li>Turning/repositioning (M1200C)</li> <li>Nutrition or hydration intervention (M1200D)</li> </ul>				
Ulcer care (M1200E)				
Application of dressings (M1200G)				
<ul> <li>Application of ointments (M1200H)</li> </ul>				
Any stage 3 or 4 pressure ulcer (M0300C1, D1, F1) with two or more skin reatments (See list of skin treatments above.)				
Two or more venous/arterial ulcers (M1030) with two or more skin reatments. (See list of skin treatments above.)				
One stage 2 pressure ulcer (M0300B1, and 1 venous/arterial ulcer (M1030) with 2 or more skin treatments (See list of skin treatments above.)		1		
Foot infection (M1040A), diabetic foot ulcer (M1040B) or other open lesion of foot (M1040C) with application of dressings to the feet (M1200I)				
Radiation treatment while a resident (O0100B2)				
Dialysis treatment while a resident (00100J2)				
linically Complex	15-16	Depression	CE2	1.39
At least one of the following \$.)	15-16	No Depression	CE1	1.25
Pneumonia (12000)	11-14	Depression	CD2	1.29
Hemiplegia/hemiparesis (I4900) with ADL score >= 5	11-14	No Depression	CD1	1.15
Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin eatment	6-10	Depression	CC2	1.08
Surgical wound care (M1200F)	6-10	No Depression	CC1	0.96
Application of nonsurgical dressings (M1200G) not to feet	2-5	Depression	CB2	0.95
	2-5	No Depression	CB1	0.85
Application of ointments (M1200H) not to feet  Purps (M120405)	0-1	Depression		
Burns (M1040F)	0-1	No Depression	CA2	0.73
Chemotherapy while a resident (O0100A2)	0-1		CA1	0.65
Oxygen therapy while a resident (O0100C2)		Note: See description of Depression Indicator, page 4.		
IV Medications while a resident (O0100H2)				
Transfusions while a resident (O010012)		Acceptance		

Domain .	ADL Store	End Splits or Special Repuirements	IIII (1)	CIN CINS
				Set Fitt
Behavior Symptoms and Cognitive Performance	2-5	i = or more reasoning remodification		0.81
* BIMS score of 9 or less AND an ADL score of 5 or less		Services		
OR	2-5	0-1 Nursing Rehabilitation Services	BB1	0.75
Cognitive Performance Scale score of 3 or greater AND an ADL score of 5 or less (See description of BIMS and Cognitive Performance Scale)	0-1	2 or more Nursing Rehabilitation Services	BA2	0.58
* Hallucinations [E0100A]	0-1	0-1 Nursing Rehabilitation Services	BA1	0.53
♦ Delusions [E0100B]		Note: See description of Nursing	***************************************	
<ul> <li>Physically behavioral symptoms directed towards others (E0200A = 2 or 3)</li> </ul>		Rehabilitation, page 4.		
Verbal behavioral symptoms directed towards others (E0200B = 2 or 3)				- Company
* Other behavioral symptoms not directed towards others (E0200C = 2 or 3)				
Rejection of care (E0800 = 2 or 3)				***************************************
Wandering (E0900 = 2 or 3)				
Physically Functioning Reduced	15-16	2 or more Nursing Rehabilitation	PE2	1.25
No Clinical Conditions		Services		
	15-16	0-1 Nursing Rehabilitation Services	PE1	1.17
	11-14	2 or more Nursing Rehabilitation Services	PD2	1.15
		0-1 Nursing Rehabilitation Services	PD1	1.06
	6-10	2 or more Nursing Rehabilitation Services	PC2	0.91
	6-10	0-1 Nursing Rehabilitation Services	PC1	0.85
	2-5	2 or more Nursing Rehabilitation Services	PB2	0.70
	2-5	0-1 Nursing Rehabilitation Services	PB1	0.65
	0-1	2 or more Nursing Rehabilitation Services	PA2	0.49
	0-1	0-1 Nursing Rehabilitation Services	PA1	0.45
		Note: See description of Nursing Rehabilitation, page 4.	1	

## **ADL Scoring**

	Self-Performance	Support	AUL Some
Bed Mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I)	Coded -, 0, 1, 7, or 8	Any Number	0
	Coded 2	Any Number	1
	Coded 3	-, 0, 1, or 2	2
	Coded 4	-, 0, 1, or 2	3
	Code 3 or 4	3	4
Eating (G0110H)	Coded -, 0, 1, 2, 7 or 8	-, 0, 1, or 8	0
	Coded -, 0, 1, 2, 7 or 8	2 or 3	2
	Coded 3 or 4	-, 0 or 1	2
	Coded 3	2 or 3	3
	Coded 4	2 or 3	4

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

#### **Depression Indicator**

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

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

#### **Nursing Rehabilitation**

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

- Passive range of motion (O0500A) and/or Active range of motion (O0500B)\*
- Bed mobility training (O0500D) and/or walking training (O0500F)\*
- · Splint or brace assistance (O0500C)
- Transfer training (O0500E)
- · Dressing and/or grooming training (O0500G)
- Eating and/or swallowing training (O0500H)
- Amputation/prosthesis (00500l)
- · Communication training (O0500J)

No count of days required for:

- Current toileting program or trial (H0200C) and/or Bowel toileting program (H0500)\*
- \* Count as one service even if both are provided

### **Cognitive Impairment**

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

#### **Brief Interview for Mental Status (BIMS)**

BIMS summary score (C0500 <= 9)</li>

#### **Cognitive Performance Scale**

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

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

- 1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100H all = 4 or 8)
- 2. C1000 Severely impaired cognitive skills (C1000 = 3)
- 3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:

B0700 > 0 Problem being understood

C0700 = 1 Short-term memory problem

C1000 > 0 Cognitive skills problem

#### and

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

B0700 >= 2 Severe problem being understood

C1000 >= 2 Severe cognitive skills problem

