

**Case Mix and Dementia in Maine
Nursing Homes**

Presentation to the Maine Legislative Commission to
Study Long Term Care

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Presented By: Catherine McGuire
Karen Mauney

Julie Fralich

UNIVERSITY OF SOUTHERN MAINE
Muskie School of Public Service

Our discussion today

Provide an overview of RUGS III

How are residents with Dementia classified by RUG III

What about RUG IVs?

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Features of Case Mix

Uniform Resident Assessment Instrument (RAI)

- Minimum Data Set (MDS 3.0)
 - Clinical assessment implemented in earlier 1990s with most recent update to MDS 3.0 in October, 2010
 - Used for Care Planning, Payment and Quality

Methodology for grouping residents

- Clinically meaningful
- Groups residents who require similar resource needs
- Sufficiently differentiates one group from another

Mechanism to measure the relative costliness of caring for one group versus another

- Nursing staff time

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Resource Utilization Groups (RUGs)

Classification based on resident characteristics identified on the MDS

Predicts resource use staff time (RN, LPN, Aides, Therapy staff)

MaineCare RUGs - Residents are classify into one of NF - 45 groups

- RUG III version 5.20

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What categorizes Residents in to a RUG Group? (Handout)

**Maine MDS RUG III Codes
Model Version 5.20 ME for MDS 3.0**

Category	ADL Index	End Splits	RUG-III Code	Weight
Very High Rehabilitation	15-17	Not Used	R00	2.00
ADLs: 10-14	15-17	Not Used	R01	1.40
ADLs: 8-9	15-17	Not Used	R02	1.20
High Rehabilitation	10-14	Not Used	R10	1.70
ADLs: 5-9	10-14	Not Used	R11	1.40
ADLs: 3-4	10-14	Not Used	R12	1.30
Medium Rehabilitation	5-9	Not Used	R20	1.40
ADLs: 1-4	5-9	Not Used	R21	1.30
Low Rehabilitation	1-4	Not Used	R30	1.20
ADLs: 0	1-4	Not Used	R31	1.10
Observant	15-18	Not Used	R40	1.40
ADLs: 10-14	15-18	Not Used	R41	1.30
ADLs: 5-9	15-18	Not Used	R42	1.20
Minimal Care	15-18	Not Used	R50	1.20
ADLs: 10-14	15-18	Not Used	R51	1.10
ADLs: 5-9	15-18	Not Used	R52	1.00
Special Care	15-18	Not Used	R60	1.20
ADLs: 10-14	15-18	Not Used	R61	1.10
ADLs: 5-9	15-18	Not Used	R62	1.00

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Activities of Daily Living (ADL) Coding (Handout)

ADLs used in RUG III

Self performance and Support for:

- Bed mobility
- Transfer
- Toilet Use

Self Performance:

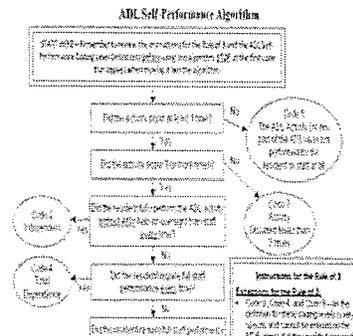
- Eating

ADL Score runs from 4-18 (see handout)

GMS's RAI Version 3.0 Manual

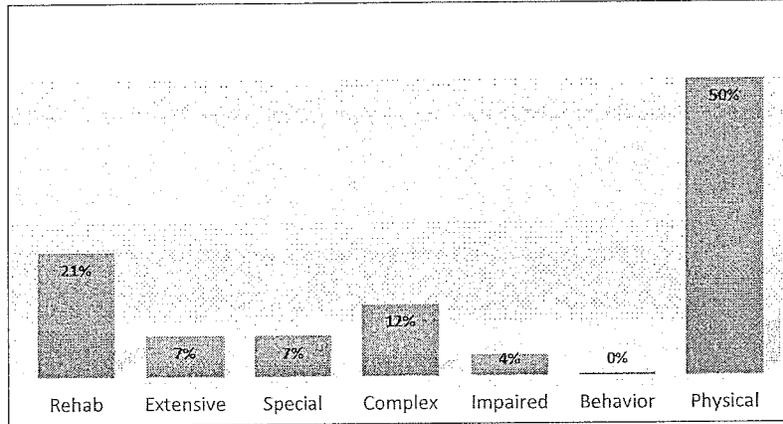
CH 3: MDS Items (2)

G0110: Activities of Daily Living (ADL) Assistance (cont.)



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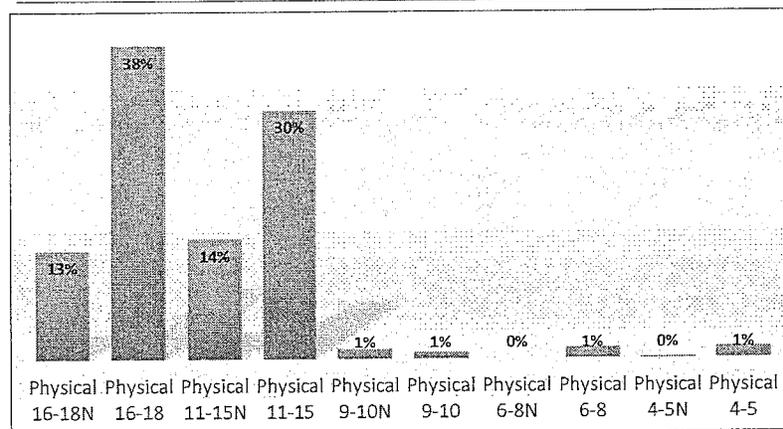
The majority of Maine nursing home residents are in the Physical RUG group* – Help with Activities of Daily Living (ADLs) is the primary driver of care needs.



* Based on Resident roster of most recent MDS assessment as of 10/1/2014, N=6,002

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Within the Physical RUG group* most of the residents have ADL scores of 11 or higher



* Based on residents classified in Physical group of most recent MDS assessment as of 10/1/2014, N=2,976

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Calculating Case Mix Index

“Relative Value” - Costs of caring for residents in one group versus another

Links the classification system to payment

- Case Mix Index/Weight
- Conversion Factor

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Case Mix Index Calculation Example

Group A:

<i>Staff</i>	Average Hours/Day	Hourly Wage	Total Cost
<i>RN</i>	.5	\$30.00	\$ 15.00
<i>LPN</i>	.5	\$20.00	\$ 10.00
<i>CNA</i>	1.5	\$12.00	\$ 18.00
<i>Total</i>			\$43.00

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Case Mix Index Calculation Example

All:

<i>Staff</i>	Average Hours/Day	Hourly Wage	Total Cost
<i>RN</i>	.15	\$30.00	\$ 4.50
<i>LPN</i>	.25	\$20.00	\$ 5.00
<i>CNA</i>	1.75	\$12.00	\$ 21.00
<i>Total</i>			\$30.50

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Case Mix Index Calculation Example

Group A : \$43.00 / day

All Residents: \$30.50 / Day

Relative Value $\$43.00/\$30.50= 1.410$

- Resident is 41% more costly to care for than the average resident

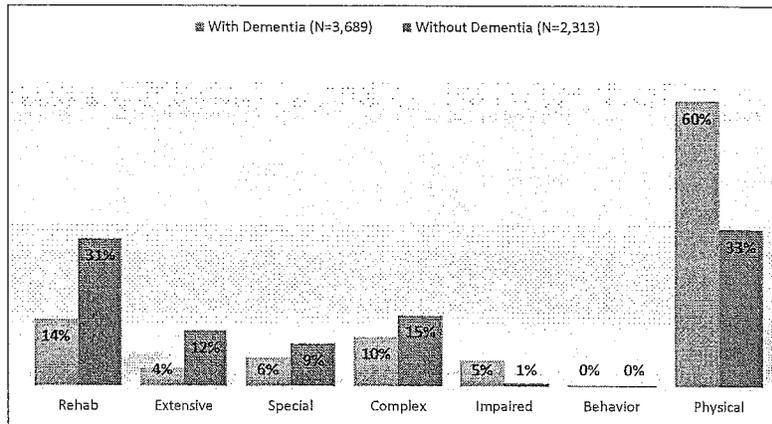
Relative value for all groups would be calculated this way

Relative value = Case Mix Weight

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The majority of Dementia residents fall into the Physical RUG Group



Resident Classification Scenarios (Handout)

Resident	Weight	DC Rate (\$68.84)	All Other Rate Components (\$100.47)
Angela Bales	1.123	\$77.31	\$177.78
Yvonne Knott	1.511	\$104.02	\$204.49
Dewey Williams	0.888	\$61.13	\$161.60
Agnes McPherson	1.149	\$79.10	\$179.57
Cindy Carey	1.323	\$91.08	\$191.55
Huey Rogers	1.389	\$95.62	\$196.09

STRIVE Study

Staff Time and Resource Intensity Verification (STRIVE)

Collected staff resource time and resident assessment data (MDS) from June 15, 2006, through February 15, 2007

- 1990 CMS Multistate Medicaid and Medicare Case Mix Demonstration Project
 - Six states - (ME, NY, TX, KA, SD, MI)
 - RUGs-III - Based on earlier RUGs versions
- 1995, 1997 Additional Time Study States
 - Confirmed and refined model (Added CO, FA, OH)

Used to update the Resource Utilization Groups (RUG-III) case mix weights

Used to develop RUG IV

STRIVE Sample

205 nursing homes from 15 states across the country participated in STRIVE

There were 10,742 residents in time study

- Final number of residents with time used: 9,707

Excluded facilities with poor quality

Over-sampled rare but high-cost special populations

- Hospital-based facilities
- A high concentration of residents on ventilators/respirators
- A high concentration of HIV patients
- A high concentration of Medicare Part A residents

Sample Residents in Special Populations

Special Population	Residents in Sample	% of Total Sample
Alzheimer's	1,313	13.5%
Physical/verbal abuse	59	0.6%
*BA/BB group (RUG 44)	73	0.8%

* Residents in the sample in the BB1 or BB2 groups was less than 50

** Residents in final analytic database (time used in time study): 9,706

Highlights of Changes from RUG III to RUG IV

Increased number of groups to 66 and 8 major categories

- Additional groups related to rehab, extensive and special care
 - Rehab Extensive
 - Special – High and Low
 - Combined Impaired and Behaviors into one group

IV-meds/Feeding moved from Extensive to Clinically Complex

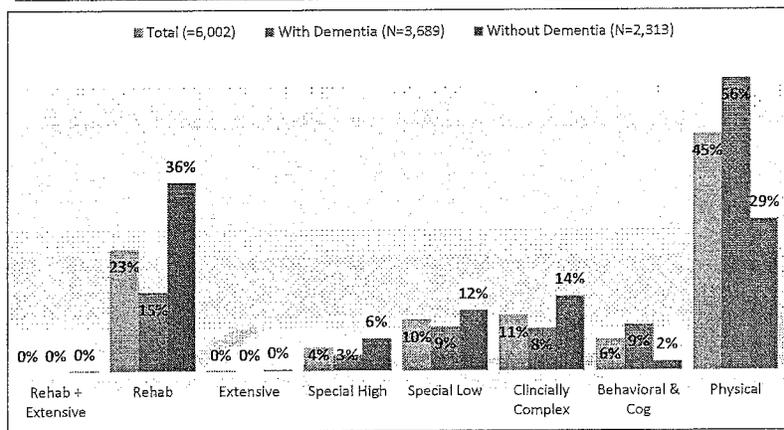
Parental/IV feeding moved from Extensive to Special

ADL Score – same items each item codes 0-4 for scale of 0-16

Coding changes on the MDS 3.0 impact

See handout for side by side comparison

Distribution of Maine residents under RUG IV – Most residents still classify in Physical Group



MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set

Section A	Identification Information
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI): <input type="text"/> <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/> <input type="text"/>	
C. State Provider Number: <input type="text"/> <input type="text"/>	
A0200. Type of Provider	
Enter Code <input type="checkbox"/>	Type of provider 1. Nursing home (SNF/NF) <input type="checkbox"/> 2. Swing Bed <input type="checkbox"/>
A0310. Type of Assessment	
Enter Code <input type="checkbox"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment <input type="checkbox"/> 04. Significant change in status assessment <input type="checkbox"/> 05. Significant correction to prior comprehensive assessment <input type="checkbox"/> 06. Significant correction to prior quarterly assessment <input type="checkbox"/> 99. None of the above
Enter Code <input type="checkbox"/>	B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment <input type="checkbox"/> 04. 60-day scheduled assessment <input type="checkbox"/> 05. 90-day scheduled assessment <input type="checkbox"/> PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment 99. None of the above
Enter Code <input type="checkbox"/>	C. PPS Other Medicare Required Assessment - OMRA 0. No 1. Start of therapy assessment <input type="checkbox"/> 2. End of therapy assessment <input type="checkbox"/> 3. Both Start and End of therapy assessment <input type="checkbox"/> 4. Change of therapy assessment <input type="checkbox"/>
Enter Code <input type="checkbox"/>	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/>
A0310 continued on next page	

Section A Identification Information

A0310. Type of Assessment - Continued

Enter Code **E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?**
 0. No
 1. Yes

Enter Code **F. Entry/discharge reporting**
 01. Entry tracking record
 10. Discharge assessment-return not anticipated
 11. Discharge assessment-return anticipated
 12. Death in facility tracking record
 99. None of the above

Enter Code **G. Type of discharge - Complete only if A0310F = 10 or 11**
 1. Planned
 2. Unplanned

A0410. Unit Certification or Licensure Designation

Enter Code
 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
 3. Unit is Medicare and/or Medicaid certified

A0500. Legal Name of Resident

A. First name:

B. Middle initial:

C. Last name:

D. Suffix:

A0600. Social Security and Medicare Numbers

A. Social Security Number: - -

B. Medicare number (or comparable railroad insurance number):

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient

A0800. Gender

Enter Code
 1. Male
 2. Female

A0900. Birth Date

- -

Month Day Year

A1000. Race/Ethnicity

↓ Check all that apply

A. American Indian or Alaska Native

B. Asian

C. Black or African American

D. Hispanic or Latino

E. Native Hawaiian or Other Pacific Islander

F. White

Section A Identification Information

A1550. Conditions Related to ID/DD Status
 If the resident is 22 years of age or older, complete only if A0310A = 01
 If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely

ID/DD With Organic Condition	
<input type="checkbox"/>	A. Down syndrome
<input type="checkbox"/>	B. Autism
<input type="checkbox"/>	C. Epilepsy
<input type="checkbox"/>	D. Other organic condition related to ID/DD
ID/DD Without Organic Condition	
<input type="checkbox"/>	E. ID/DD with no organic condition
No ID/DD	
<input type="checkbox"/>	Z. None of the above

Most Recent Admission/Entry or Reentry into this Facility

A1600. Entry Date

	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month		Day		Year

A1700. Type of Entry

Enter Code	<input type="checkbox"/> 1. Admission <input type="checkbox"/> 2. Reentry	
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A1800. Entered From

Enter Code	<input type="text"/> <input type="text"/>	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 09. Long Term Care Hospital (LTCH) 99. Other
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A1900. Admission Date (Date this episode of care in this facility began)

	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month		Day		Year

A2000. Discharge Date
 Complete only if A0310F = 10, 11, or 12

	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month		Day		Year

Section A	Identification Information
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A2100. Discharge Status
 Complete only if A0310F = 10, 11, or 12

Enter Code <input style="width:20px; height:20px;" type="text"/>	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 08. Deceased 09. Long Term Care Hospital (LTCH) 99. Other
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A2200. Previous Assessment Reference Date for Significant Correction
 Complete only if A0310A = 05 or 06

	<input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year
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A2300. Assessment Reference Date

	Observation end date: <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year	<input style="width:30px; height:20px;" type="text"/> CATs <input style="width:30px; height:20px;" type="text"/> RUG III <input style="width:30px; height:20px;" type="text"/> RUG IV
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A2400. Medicare Stay

Enter Code <input style="width:20px; height:20px;" type="text"/>	<p>A. Has the resident had a Medicare-covered stay since the most recent entry?</p> 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay <p>B. Start date of most recent Medicare stay:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="text-align: center;"> <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year </td> <td style="width:20%; text-align: right;"> <input style="width:30px; height:20px;" type="text"/> RUG IV </td> </tr> </table> <p>C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="text-align: center;"> <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year </td> <td style="width:20%; text-align: right;"> <input style="width:30px; height:20px;" type="text"/> RUG IV </td> </tr> </table>		<input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year	<input style="width:30px; height:20px;" type="text"/> RUG IV		<input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year	<input style="width:30px; height:20px;" type="text"/> RUG IV
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	<input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:60px; height:20px;" type="text"/> Month Day Year	<input style="width:30px; height:20px;" type="text"/> RUG IV					

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision

B0100. Comatose

Enter Code

Persistent vegetative state/no discernible consciousness

0. **No** → Continue to B0200, Hearing
1. **Yes** → Skip to G0110, Activities of Daily Living (ADL) Assistance

RUG III RUG IV

B0200. Hearing

Enter Code

Ability to hear (with hearing aid or hearing appliances if normally used)

0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
3. **Highly impaired** - absence of useful hearing

CATs

B0300. Hearing Aid

Enter Code

Hearing aid or other hearing appliance used in completing B0200, Hearing

0. **No**
1. **Yes**

B0600. Speech Clarity

Enter Code

Select best description of speech pattern

0. **Clear speech** - distinct intelligible words
1. **Unclear speech** - slurred or mumbled words
2. **No speech** - absence of spoken words

B0700. Makes Self Understood

Enter Code

Ability to express ideas and wants, consider both verbal and non-verbal expression

0. **Understood**
1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
2. **Sometimes understood** - ability is limited to making concrete requests
3. **Rarely/never understood**

CATs RUG III RUG IV

B0800. Ability To Understand Others

Enter Code

Understanding verbal content, however able (with hearing aid or device if used)

0. **Understands** - clear comprehension
1. **Usually understands** - misses some part/intent of message **but** comprehends most conversation
2. **Sometimes understands** - responds adequately to simple, direct communication only
3. **Rarely/never understands**

CATs

B1000. Vision

Enter Code

Ability to see in adequate light (with glasses or other visual appliances)

0. **Adequate** - sees fine detail, such as regular print in newspapers/books
1. **Impaired** - sees large print, but not regular print in newspapers/books
2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** - object identification in question, but eyes appear to follow objects
4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

CATs

B1200. Corrective Lenses

Enter Code

Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision

0. **No**
1. **Yes**

Section C**Cognitive Patterns****C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?**

Attempt to conduct interview with all residents

Enter Code

0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status1. **Yes** → Continue to C0200, Repetition of Three Words**Brief Interview for Mental Status (BIMS)****C0200. Repetition of Three Words**

Enter Code

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."**Number of words repeated after first attempt**

0. **None**
1. **One**
2. **Two**
3. **Three**

RUG III	RUG IV
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After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code

Ask resident: "Please tell me what year it is right now."

A. Able to report correct year

0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**

RUG III	RUG IV
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Enter Code

Ask resident: "What month are we in right now?"

B. Able to report correct month

0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

RUG III	RUG IV
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Enter Code

Ask resident: "What day of the week is today?"

C. Able to report correct day of the week

0. **Incorrect** or no answer
1. **Correct**

RUG III	RUG IV
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C0400. Recall

Enter Code

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"

If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

A. Able to recall "sock"

0. **No** - could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**

RUG III	RUG IV
---------	--------

Enter Code

B. Able to recall "blue"

0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

RUG III	RUG IV
---------	--------

Enter Code

C. Able to recall "bed"

0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

RUG III	RUG IV
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C0500. Summary Score

Enter Score

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview

CATS	RUG III	RUG IV
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Section C Cognitive Patterns

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?

Enter Code	0. No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium 1. Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK
<input type="checkbox"/>	

Staff Assessment for Mental Status

Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed

C0700. Short-term Memory OK

Enter Code	Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem	<input type="checkbox"/> CATs	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG IV
<input type="checkbox"/>				

C0800. Long-term Memory OK

Enter Code	Seems or appears to recall long past 0. Memory OK 1. Memory problem	<input type="checkbox"/> CATs
<input type="checkbox"/>		

C0900. Memory/Recall Ability

↓ Check all that the resident was normally able to recall

<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That he or she is in a nursing home
<input type="checkbox"/>	Z. None of the above were recalled

C1000. Cognitive Skills for Daily Decision Making

Enter Code	Made decisions regarding tasks of daily life 0. Independent - decisions consistent/reasonable 1. Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions	<input type="checkbox"/> CATs	<input type="checkbox"/> RUG III	<input type="checkbox"/> RUG IV
<input type="checkbox"/>				

Delirium

C1300. Signs and Symptoms of Delirium (from CAM®)

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? <input type="checkbox"/> CATs
	<input type="checkbox"/> B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? <input type="checkbox"/> CATs
	<input type="checkbox"/> C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., vigilant - startled easily to any sound or touch; lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch; stuporous - very difficult to arouse and keep aroused for the interview; comatose - could not be aroused)? <input type="checkbox"/> CATs
	<input type="checkbox"/> D. Psychomotor retardation - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? <input type="checkbox"/> CATs

C1600. Acute Onset Mental Status Change

Enter Code	Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes	<input type="checkbox"/> CATs
<input type="checkbox"/>		

Section D **Mood**

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code <input type="checkbox"/>	<p>0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)</p> <p>1. Yes → Continue to D0200, Resident Mood Interview (PHQ-9©)</p>
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D0200. Resident Mood Interview (PHQ-9©)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
 If yes in column 1, then ask the resident: "About **how often** have you been bothered by this?"
 Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency	
0. No (enter 0 in column 2)	0. Never or 1 day	↓ Enter Scores in Boxes ↓	↓ Enter Scores in Boxes ↓	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)			
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)			
	3. 12-14 days (nearly every day)			
A. Little interest or pleasure in doing things		CATs <input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
H. 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		<input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		CATs <input type="checkbox"/>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>

D0300. Total Severity Score

Enter Score <input type="text"/>	<p>Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).</p>	CATs <input type="text"/>	RUG III <input type="text"/>	RUG IV <input type="text"/>
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D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code <input type="checkbox"/>	<p>Was responsible staff or provider informed that there is a potential for resident self harm?</p> <p>0. No</p> <p>1. Yes</p>
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Section D**Mood****D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)**

Do not conduct if Resident Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

Then move to column 2, Symptom Frequency, and indicate symptom frequency.

	1. Symptom Presence		2. Symptom Frequency	
	0. No (enter 0 in column 2)	1. Yes (enter 0-3 in column 2)	0. Never or 1 day	1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)
	↓ Enter Scores in Boxes ↓			
A. Little interest or pleasure in doing things	CATs	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
B. Feeling or appearing down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
C. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
D. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
E. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
I. States that life isn't worth living, wishes for death, or attempts to harm self	CATs	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV
J. Being short-tempered, easily annoyed	<input type="checkbox"/>	<input type="checkbox"/>	RUG III	<input type="checkbox"/> RUG IV

D0600. Total Severity Score

Enter Score	<input type="text"/>	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.	CATs	RUG III	RUG IV
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D0650. Safety Notification - Complete only if D050011 = 1 indicating possibility of resident self harm

Enter Code	Was responsible staff or provider informed that there is a potential for resident self harm?
<input type="checkbox"/>	0. No
	1. Yes

Section E	Behavior
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E0100. Potential Indicators of Psychosis

↓ Check all that apply

<input type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)	<small>RUG III</small>	<small>RUG IV</small>
<input type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)	<small>RUG III</small>	<small>RUG IV</small>
<input type="checkbox"/>	Z. None of the above		

Behavioral Symptoms

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

	↓	Enter Codes in Boxes
Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) <small>CATs</small> <small>RUG III</small> <small>RUG IV</small>
	<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) <small>CATs</small> <small>RUG III</small> <small>RUG IV</small>
	<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) <small>CATs</small> <small>RUG III</small> <small>RUG IV</small>

E0300. Overall Presence of Behavioral Symptoms

Enter Code	Were any behavioral symptoms in questions E0200 coded 1, 2, or 3? 0. No → Skip to E0800, Rejection of Care 1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below	<small>CATs</small>
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E0500. Impact on Resident

Enter Code	Did any of the identified symptom(s): A. Put the resident at significant risk for physical illness or injury? 0. No 1. Yes
Enter Code	B. Significantly interfere with the resident's care? 0. No 1. Yes
Enter Code	C. Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes

E0600. Impact on Others

Enter Code	Did any of the identified symptom(s): A. Put others at significant risk for physical injury? 0. No 1. Yes
Enter Code	B. Significantly intrude on the privacy or activity of others? 0. No 1. Yes
Enter Code	C. Significantly disrupt care or living environment? 0. No 1. Yes

E0800. Rejection of Care - Presence & Frequency

Enter Code	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals. 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	<small>CATs</small> <small>RUG III</small> <small>RUG IV</small>
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Section E	Behavior			
E0900. Wandering - Presence & Frequency				
Enter Code <input type="checkbox"/>	<p>Has the resident wandered?</p> <p>0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms</p> <p>1. Behavior of this type occurred 1 to 3 days</p> <p>2. Behavior of this type occurred 4 to 6 days, but less than daily</p> <p>3. Behavior of this type occurred daily</p> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">CATs</td> <td style="padding: 2px;">RUG III</td> <td style="padding: 2px;">RUG IV</td> </tr> </table> </div>	CATs	RUG III	RUG IV
CATs	RUG III	RUG IV		
E1000. Wandering - Impact				
Enter Code <input type="checkbox"/>	<p>A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?</p> <p>0. No</p> <p>1. Yes</p>			
Enter Code <input type="checkbox"/>	<p>B. Does the wandering significantly intrude on the privacy or activities of others?</p> <p>0. No</p> <p>1. Yes</p>			
E1100. Change in Behavior or Other Symptoms				
Consider all of the symptoms assessed in items E0100 through E1000				
Enter Code <input type="checkbox"/>	<p>How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or Scheduled PPS)?</p> <p>0. Same</p> <p>1. Improved</p> <p>2. Worse</p> <p>3. N/A because no prior MDS assessment</p> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">CATs</td> </tr> </table> </div>	CATs		
CATs				

Section F Preferences for Customary Routine and Activities

F0300. Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

Enter Code	0. No (resident is rarely/never understood <u>and</u> family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences 1. Yes → Continue to F0400, Interview for Daily Preferences
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F0400. Interview for Daily Preferences

Show resident the response options and say: **"While you are in this facility..."**

Coding: 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. how important is it to you to choose what clothes to wear?
	<input type="checkbox"/> B. how important is it to you to take care of your personal belongings or things?
	<input type="checkbox"/> C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
	<input type="checkbox"/> D. how important is it to you to have snacks available between meals?
	<input type="checkbox"/> E. how important is it to you to choose your own bedtime?
	<input type="checkbox"/> F. how important is it to you to have your family or a close friend involved in discussions about your care?
	<input type="checkbox"/> G. how important is it to you to be able to use the phone in private?
	<input type="checkbox"/> H. how important is it to you to have a place to lock your things to keep them safe?

F0500. Interview for Activity Preferences

Show resident the response options and say: **"While you are in this facility..."**

Coding: 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. how important is it to you to have books, newspapers, and magazines to read? CATs
	<input type="checkbox"/> B. how important is it to you to listen to music you like? CATs
	<input type="checkbox"/> C. how important is it to you to be around animals such as pets? CATs
	<input type="checkbox"/> D. how important is it to you to keep up with the news? CATs
	<input type="checkbox"/> E. how important is it to you to do things with groups of people? CATs
	<input type="checkbox"/> F. how important is it to you to do your favorite activities? CATs
	<input type="checkbox"/> G. how important is it to you to go outside to get fresh air when the weather is good? CATs
	<input type="checkbox"/> H. how important is it to you to participate in religious services or practices? CATs

F0600. Daily and Activity Preferences Primary Respondent

Enter Code	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500) 1. Resident CATs 2. Family or significant other (close friend or other representative) 9. Interview could not be completed by resident or family/significant other ("No response" to 3 or more items")
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Section F **Preferences for Customary Routine and Activities**

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code

0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance

1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

F0800. Staff Assessment of Daily and Activity Preferences

Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed

Resident Prefers:

↓ Check all that apply

<input type="checkbox"/>	A. Choosing clothes to wear	
<input type="checkbox"/>	B. Caring for personal belongings	
<input type="checkbox"/>	C. Receiving tub bath	
<input type="checkbox"/>	D. Receiving shower	
<input type="checkbox"/>	E. Receiving bed bath	
<input type="checkbox"/>	F. Receiving sponge bath	
<input type="checkbox"/>	G. Snacks between meals	
<input type="checkbox"/>	H. Staying up past 8:00 p.m.	
<input type="checkbox"/>	I. Family or significant other involvement in care discussions	
<input type="checkbox"/>	J. Use of phone in private	
<input type="checkbox"/>	K. Place to lock personal belongings	
<input type="checkbox"/>	L. Reading books, newspapers, or magazines	CATS
<input type="checkbox"/>	M. Listening to music	CATS
<input type="checkbox"/>	N. Being around animals such as pets	CATS
<input type="checkbox"/>	O. Keeping up with the news	CATS
<input type="checkbox"/>	P. Doing things with groups of people	CATS
<input type="checkbox"/>	Q. Participating in favorite activities	CATS
<input type="checkbox"/>	R. Spending time away from the nursing home	CATS
<input type="checkbox"/>	S. Spending time outdoors	CATS
<input type="checkbox"/>	T. Participating in religious activities or practices	CATS
<input type="checkbox"/>	Z. None of the above	

Section G	Functional Status								
G0110. Activities of Daily Living (ADL) Assistance									
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding									
Instructions for Rule of 3									
<ul style="list-style-type: none"> ■ When an activity occurs three times at any one given level, code that level. ■ When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). ■ When an activity occurs at various levels, but not three times at any given level, apply the following: <ul style="list-style-type: none"> ○ When there is a combination of full staff performance, and extensive assistance, code extensive assistance. ○ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). 									
If none of the above are met, code supervision.									
1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time Coding: <u>Activity Occurred 3 or More Times</u> 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period <u>Activity Occurred 2 or Fewer Times</u> 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification Coding: 0. No setup or 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 or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">1. Self-Performance</th> <th style="width:50%;">2. Support</th> </tr> <tr> <td colspan="2" style="text-align: center;">↓ Enter Codes in Boxes ↓</td> </tr> </table>	1. Self-Performance	2. Support	↓ Enter Codes in Boxes ↓					
1. Self-Performance	2. Support								
↓ Enter Codes in Boxes ↓									
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> </tr> <tr> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	RUG III	<input type="checkbox"/>	RUG IV	RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>
CATs	RUG III	<input type="checkbox"/>	RUG IV						
RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>						
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> </tr> <tr> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	RUG III	<input type="checkbox"/>	RUG IV	RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>
CATs	RUG III	<input type="checkbox"/>	RUG IV						
RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>						
C. Walk in room - how resident walks between locations in his/her room	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
D. Walk in corridor - how resident walks in corridor on unit	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> </tr> <tr> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	RUG III	<input type="checkbox"/>	RUG IV	RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>
CATs	RUG III	<input type="checkbox"/>	RUG IV						
RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>						
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> </tr> <tr> <td style="width:25%; text-align: center;">RUG III</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;">RUG IV</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	RUG III	<input type="checkbox"/>	RUG IV	RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>
CATs	RUG III	<input type="checkbox"/>	RUG IV						
RUG III	<input type="checkbox"/>	RUG IV	<input type="checkbox"/>						
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">CATs</td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> <td style="width:25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CATs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Section G		Functional Status	
G0120. Bathing			
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support			
Enter Code <input type="checkbox"/>	A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only <input type="checkbox"/> CATs 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period		
Enter Code <input type="checkbox"/>	B. Support provided (Bathing support codes are as defined in item G0110 column 2, ADL Support Provided , above)		
G0300. Balance During Transitions and Walking			
After observing the resident, code the following walking and transition items for most dependent			
Coding: 0. Steady at all times 1. Not steady, but able to stabilize without staff assistance 2. Not steady, only able to stabilize with staff assistance 8. Activity did not occur	↓ Enter Codes in Boxes		
	<input type="checkbox"/>	A. Moving from seated to standing position	<input type="checkbox"/> CATs
	<input type="checkbox"/>	B. Walking (with assistive device if used)	<input type="checkbox"/> CATs
	<input type="checkbox"/>	C. Turning around and facing the opposite direction while walking	<input type="checkbox"/> CATs
	<input type="checkbox"/>	D. Moving on and off toilet	<input type="checkbox"/> CATs
	<input type="checkbox"/>	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)	<input type="checkbox"/> CATs
G0400. Functional Limitation in Range of Motion			
Code for limitation that interfered with daily functions or placed resident at risk of injury			
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	↓ Enter Codes in Boxes		
	<input type="checkbox"/>	A. Upper extremity (shoulder, elbow, wrist, hand)	
	<input type="checkbox"/>	B. Lower extremity (hip, knee, ankle, foot)	
G0600. Mobility Devices			
↓ Check all that were normally used			
<input type="checkbox"/>	A. Cane/crutch		
<input type="checkbox"/>	B. Walker		
<input type="checkbox"/>	C. Wheelchair (manual or electric)		
<input type="checkbox"/>	D. Limb prosthesis		
<input type="checkbox"/>	Z. None of the above were used		
G0900. Functional Rehabilitation Potential			
Complete only if A0310A = 01			
Enter Code <input type="checkbox"/>	A. Resident believes he or she is capable of increased independence in at least some ADLs 0. No 1. Yes 9. Unable to determine <input type="checkbox"/> CATs		
Enter Code <input type="checkbox"/>	B. Direct care staff believe resident is capable of increased independence in at least some ADLs 0. No 1. Yes <input type="checkbox"/> CATs		

Section H	Bladder and Bowel
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H0100. Appliances

↓ Check all that apply

<input type="checkbox"/>	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)	CAT ₁
<input type="checkbox"/>	B. External catheter	CAT ₂
<input type="checkbox"/>	C. Ostomy (including urostomy, ileostomy, and colostomy)	
<input type="checkbox"/>	D. Intermittent catheterization	CAT ₃
<input type="checkbox"/>	Z. None of the above	

H0200. Urinary Toileting Program

Enter Code <input type="checkbox"/>	A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility? 0. No → Skip to H0300, Urinary Continence 1. Yes → Continue to H0200B, Response 9. Unable to determine → Skip to H0200C, Current toileting program or trial	
Enter Code <input type="checkbox"/>	B. Response - What was the resident's response to the trial program? 0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress	
Enter Code <input type="checkbox"/>	C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence? 0. No 1. Yes	RUG III RUG IV

H0300. Urinary Continence

Enter Code <input type="checkbox"/>	Urinary continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated , resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days	CAT ₃
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H0400. Bowel Continence

Enter Code <input type="checkbox"/>	Bowel continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated , resident had an ostomy or did not have a bowel movement for the entire 7 days	CAT ₂
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H0500. Bowel Toileting Program

Enter Code <input type="checkbox"/>	Is a toileting program currently being used to manage the resident's bowel continence? 0. No 1. Yes	RUG III RUG IV
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H0600. Bowel Patterns

Enter Code <input type="checkbox"/>	Constipation present? 0. No 1. Yes	CAT ₃
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Section I Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer			
<input type="checkbox"/>	I0100. Cancer (with or without metastasis)		
Heart/Circulation			
<input type="checkbox"/>	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)		
<input type="checkbox"/>	I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)		
<input type="checkbox"/>	I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))		
<input type="checkbox"/>	I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)		
<input type="checkbox"/>	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)		
<input type="checkbox"/>	I0700. Hypertension		
<input type="checkbox"/>	I0800. Orthostatic Hypotension		
<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)		
Gastrointestinal			
<input type="checkbox"/>	I1100. Cirrhosis		
<input type="checkbox"/>	I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)		
<input type="checkbox"/>	I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease		
Genitourinary			
<input type="checkbox"/>	I1400. Benign Prostatic Hyperplasia (BPH)		
<input type="checkbox"/>	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)		
<input type="checkbox"/>	I1550. Neurogenic Bladder		
<input type="checkbox"/>	I1650. Obstructive Uropathy		
Infections			
<input type="checkbox"/>	I1700. Multidrug-Resistant Organism (MDRO)	<input type="checkbox"/>	CATs
<input type="checkbox"/>	I2000. Pneumonia	<input type="checkbox"/>	CATs RUG III RUG IV
<input type="checkbox"/>	I2100. Septicemia	<input type="checkbox"/>	CATs RUG III RUG IV
<input type="checkbox"/>	I2200. Tuberculosis	<input type="checkbox"/>	CATs
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)	<input type="checkbox"/>	CATs
<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)	<input type="checkbox"/>	CATs
<input type="checkbox"/>	I2500. Wound Infection (other than foot)	<input type="checkbox"/>	CATs
Metabolic			
<input type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)	<input type="checkbox"/>	RUG III RUG IV
<input type="checkbox"/>	I3100. Hyponatremia		
<input type="checkbox"/>	I3200. Hyperkalemia		
<input type="checkbox"/>	I3300. Hyperlipidemia (e.g., hypercholesterolemia)		
<input type="checkbox"/>	I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)		
Musculoskeletal			
<input type="checkbox"/>	I3700. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))		
<input type="checkbox"/>	I3800. Osteoporosis		
<input type="checkbox"/>	I3900. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)		
<input type="checkbox"/>	I4000. Other Fracture		
Neurological			
<input type="checkbox"/>	I4200. Alzheimer's Disease	<input type="checkbox"/>	CATs
<input type="checkbox"/>	I4300. Aphasia	<input type="checkbox"/>	RUG III
<input type="checkbox"/>	I4400. Cerebral Palsy	<input type="checkbox"/>	RUG III RUG IV
<input type="checkbox"/>	I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke		
<input type="checkbox"/>	I4800. Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)	<input type="checkbox"/>	CATs
Neurological Diagnoses continued on next page			

Section I Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply
 Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Neurological - Continued													
<input type="checkbox"/>	I4900. Hemiplegia or Hemiparesis RUG II RUG IV												
<input type="checkbox"/>	I5000. Paraplegia												
<input type="checkbox"/>	I5100. Quadriplegia RUG III RUG IV												
<input type="checkbox"/>	I5200. Multiple Sclerosis (MS) RUG III RUG IV												
<input type="checkbox"/>	I5250. Huntington's Disease												
<input type="checkbox"/>	I5300. Parkinson's Disease RUG IV												
<input type="checkbox"/>	I5350. Tourette's Syndrome												
<input type="checkbox"/>	I5400. Seizure Disorder or Epilepsy												
<input type="checkbox"/>	I5500. Traumatic Brain Injury (TBI) RUG III												
Nutritional													
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition												
Psychiatric/Mood Disorder													
<input type="checkbox"/>	I5700. Anxiety Disorder												
<input type="checkbox"/>	I5800. Depression (other than bipolar)												
<input type="checkbox"/>	I5900. Manic Depression (bipolar disease)												
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)												
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)												
<input type="checkbox"/>	I6100. Post Traumatic Stress Disorder (PTSD)												
Pulmonary													
<input type="checkbox"/>	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis) RUG IV												
<input type="checkbox"/>	I6300. Respiratory Failure RUG IV												
Vision													
<input type="checkbox"/>	I6500. Cataracts, Glaucoma, or Macular Degeneration CATE												
None of Above													
<input type="checkbox"/>	I7900. None of the above active diagnoses within the last 7 days												
Other													
I8000. Additional active diagnoses													
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.													
A. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
B. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
C. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
D. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
E. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
F. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
G. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
H. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
I. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												
J. _____	<table border="1" style="width:100%; height:20px;"><tr><td> </td><td> </td></tr></table>												

Section J Health Conditions

J0100. Pain Management - Complete for all residents, regardless of current pain level

At any time in the last 5 days, has the resident:

Enter Code <input type="checkbox"/>	A. Received scheduled pain medication regimen? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Received PRN pain medications OR was offered and declined? 0. No 1. Yes
Enter Code <input type="checkbox"/>	C. Received non-medication intervention for pain? 0. No 1. Yes

J0200. Should Pain Assessment Interview be Conducted?
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code <input type="checkbox"/>	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence
--	--

Pain Assessment Interview

J0300. Pain Presence

Enter Code <input type="checkbox"/>	Ask resident: " Have you had pain or hurting at any time in the last 5 days? " 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
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J0400. Pain Frequency

Enter Code <input type="checkbox"/>	Ask resident: " How much of the time have you experienced pain or hurting over the last 5 days? " 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer
--	--

J0500. Pain Effect on Function

Enter Code <input type="checkbox"/>	A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?" 0. No 1. Yes 9. Unable to answer
Enter Code <input type="checkbox"/>	B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?" 0. No 1. Yes 9. Unable to answer

J0600. Pain Intensity - Administer **ONLY ONE** of the following pain intensity questions (A or B)

Enter Rating <input type="text"/>	A. Numeric Rating Scale (00-10) Ask resident: " Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine. " (Show resident 00 -10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
Enter Code <input type="checkbox"/>	B. Verbal Descriptor Scale Ask resident: " Please rate the intensity of your worst pain over the last 5 days. " (Show resident verbal scale) 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer



Section J Health Conditions

J0700. Should the Staff Assessment for Pain be Conducted?

Enter Code 0. **No** (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
 1. **Yes** (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain

Staff Assessment for Pain

J0800. Indicators of Pain or Possible Pain in the last 5 days

↓ Check all that apply

<input type="checkbox"/>	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)	CATs
<input type="checkbox"/>	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)	CATs
<input type="checkbox"/>	C. Facial expressions (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)	CATs
<input type="checkbox"/>	D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)	CATs
<input type="checkbox"/>	Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)	

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days

Enter Code Frequency with which resident complains or shows evidence of pain or possible pain

- Indicators of pain** or possible pain observed **1 to 2 days**
- Indicators of pain** or possible pain observed **3 to 4 days**
- Indicators of pain** or possible pain observed **daily**

Other Health Conditions

J1100. Shortness of Breath (dyspnea)

↓ Check all that apply

<input type="checkbox"/>	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)	
<input type="checkbox"/>	B. Shortness of breath or trouble breathing when sitting at rest	
<input type="checkbox"/>	C. Shortness of breath or trouble breathing when lying flat	RUG IV
<input type="checkbox"/>	Z. None of the above	

J1300. Current Tobacco Use

Enter Code **Tobacco use**

- No**
- Yes**

J1400. Prognosis

Enter Code Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months?** (Requires physician documentation)

- No**
- Yes**

J1550. Problem Conditions

↓ Check all that apply

<input type="checkbox"/>	A. Fever	CATs	RUG II	RUG IV
<input type="checkbox"/>	B. Vomiting	CATs	RUG III	RUG IV
<input type="checkbox"/>	C. Dehydrated	CATs	RUG III	
<input type="checkbox"/>	D. Internal bleeding	CATs	RUG III	
<input type="checkbox"/>	Z. None of the above			

Section J	Health Conditions
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J1700. Fall History on Admission/Entry or Reentry
 Complete only if A0310A = 01 or A0310E = 1

Enter Code <input type="checkbox"/>	A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	<input type="checkbox"/> CATs
Enter Code <input type="checkbox"/>	B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	<input type="checkbox"/> CATs
Enter Code <input type="checkbox"/>	C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Enter Code <input type="checkbox"/>	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to K0100, Swallowing Disorder 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)	<input type="checkbox"/> CATs
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J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

	↓ Enter Codes in Boxes						
Coding: 0. None 1. One 2. Two or more	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="border-left: none;"> A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="border-left: none;"> B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="border-left: none;"> C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma </td> </tr> </table>	<input type="checkbox"/>	A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall	<input type="checkbox"/>	B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain	<input type="checkbox"/>	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
<input type="checkbox"/>	A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall						
<input type="checkbox"/>	B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain						
<input type="checkbox"/>	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma						

Section K Swallowing/Nutritional Status

K0100. Swallowing Disorder
 Signs and symptoms of possible swallowing disorder

↓ Check all that apply

<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

<input type="text"/> <input type="text"/> inches	A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry CATs
<input type="text"/> <input type="text"/> <input type="text"/> pounds	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) CATs

K0300. Weight Loss

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

Enter Code <input type="checkbox"/>	0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen	CATs RUG III RUG IV
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K0310. Weight Gain

Gain of 5% or more in the last month or gain of 10% or more in last 6 months

Enter Code <input type="checkbox"/>	0. No or unknown 1. Yes, on physician-prescribed weight-gain regimen 2. Yes, not on physician-prescribed weight-gain regimen	CATs
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K0510. Nutritional Approaches
 Check all of the following nutritional approaches that were performed during the last 7 days

	1. While NOT a Resident			2. While a Resident		
	CATs	RUG III	RUG IV	CATs	RUG III	RUG IV
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓					
A. Parenteral/IV feeding	<input type="checkbox"/>					
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>					
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>					
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>					
Z. None of the above	<input type="checkbox"/>					

Section K	Swallowing/Nutritional Status				
K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B					
<p>1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i>. Only enter a code in column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank</p> <p>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></p> <p>3. During Entire 7 Days Performed during the entire <i>last 7 days</i></p>	1. While NOT a Resident	2. While a Resident	3. During Entire 7 Days		
	↓ Enter Codes ↓				
<p>A. Proportion of total calories the resident received through parenteral or tube feeding</p> <p>1. 25% or less</p> <p>2. 26-50%</p> <p>3. 51% or more</p>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">RUG III <input type="checkbox"/></td> <td style="width:50%; text-align: center;">RUG IV <input type="checkbox"/></td> </tr> </table>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>				
<p>B. Average fluid intake per day by IV or tube feeding</p> <p>1. 500 cc/day or less</p> <p>2. 501 cc/day or more</p>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">RUG III <input type="checkbox"/></td> <td style="width:50%; text-align: center;">RUG IV <input type="checkbox"/></td> </tr> </table>	RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>
RUG III <input type="checkbox"/>	RUG IV <input type="checkbox"/>				

Section L	Oral/Dental Status	
L0200. Dental		
↓ Check all that apply		
<input type="checkbox"/>	A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	CATs
<input type="checkbox"/>	B. No natural teeth or tooth fragment(s) (edentulous)	CATs
<input type="checkbox"/>	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)	CATs
<input type="checkbox"/>	D. Obvious or likely cavity or broken natural teeth	CATs
<input type="checkbox"/>	E. Inflamed or bleeding gums or loose natural teeth	CATs
<input type="checkbox"/>	F. Mouth or facial pain, discomfort or difficulty with chewing	CATs
<input type="checkbox"/>	G. Unable to examine	CATs
<input type="checkbox"/>	Z. None of the above were present	

Section M**Skin Conditions**

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100. Determination of Pressure Ulcer Risk

↓ Check all that apply

- A. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device
- B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
- C. Clinical assessment
- Z. None of the above

M0150. Risk of Pressure Ulcers

Enter Code

Is this resident at risk of developing pressure ulcers?

0. No
1. Yes

CATs

M0210. Unhealed Pressure Ulcer(s)

Enter Code

Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?

0. No → Skip to M0900, Healed Pressure Ulcers
1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

Enter Number

A. Number of Stage 1 pressure ulcers

Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

CATs RUG III RUG IV

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number

1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3

CATs RUG III RUG IV

Enter Number

2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown:

Month		Day		Year					

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number

1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4

CATs RUG III RUG IV

Enter Number

2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Enter Number

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

Enter Number

1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing

CATs RUG III RUG IV

2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

M0300 continued on next page

Section M Skin Conditions

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - Continued

Enter Number <input type="text"/> Enter Number <input type="text"/>	<p>E. Unstageable - Non-removable dressing: Known but not stageable due to non-removable dressing/device</p> <p>1. Number of unstageable pressure ulcers due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable: Slough and/or eschar CATs</p> <p>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="text"/> Enter Number <input type="text"/>	<p>F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable: Deep tissue CATs RUG III RUG IV</p> <p>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="text"/> Enter Number <input type="text"/>	<p>G. Unstageable - Deep tissue: Suspected deep tissue injury in evolution</p> <p>1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution - If 0 → Skip to M0610, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar CATs</p> <p>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>

M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
 Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0

If the resident has one or more unhealed Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar, identify the pressure ulcer with the largest surface area (length x width) and record in centimeters:

<input type="text"/> <input type="text"/> . <input type="text"/> cm	A. Pressure ulcer length: Longest length from head to toe
<input type="text"/> <input type="text"/> . <input type="text"/> cm	B. Pressure ulcer width: Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
<input type="text"/> <input type="text"/> . <input type="text"/> cm	C. Pressure ulcer depth: Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)

M0700. Most Severe Tissue Type for Any Pressure Ulcer

Enter Code <input type="text"/>	Select the best description of the most severe type of tissue present in any pressure ulcer bed <ol style="list-style-type: none"> 1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin 2. Granulation tissue - pink or red tissue with shiny, moist, granular appearance 3. Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous 4. Eschar - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin 9. None of the Above
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M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry
 Complete only if A0310E = 0

Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** on prior assessment (OBRA or scheduled PPS) or last entry. If no current pressure ulcer at a given stage, enter 0.

Enter Number <input type="text"/>	A. Stage 2 CATs
Enter Number <input type="text"/>	B. Stage 3 CATs
Enter Number <input type="text"/>	C. Stage 4 CATs

Section M | Skin Conditions

M0900. Healed Pressure Ulcers
Complete only if A0310E = 0

Enter Code <input type="checkbox"/>	A. Were pressure ulcers present on the prior assessment (OBRA or scheduled PPS)? 0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0900B, Stage 2
Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA or scheduled PPS) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA or scheduled PPS), enter 0.	
Enter Number <input type="checkbox"/>	B. Stage 2
Enter Number <input type="checkbox"/>	C. Stage 3
Enter Number <input type="checkbox"/>	D. Stage 4

M1030. Number of Venous and Arterial Ulcers

Enter Number <input type="checkbox"/>	Enter the total number of venous and arterial ulcers present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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M1040. Other Ulcers, Wounds and Skin Problems

↓ Check all that apply

Foot Problems	
<input type="checkbox"/>	A. Infection of the foot (e.g., cellulitis, purulent drainage) <input type="checkbox"/> CATs <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	B. Diabetic foot ulcer(s) <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	C. Other open lesion(s) on the foot <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
Other Problems	
<input type="checkbox"/>	D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	E. Surgical wound(s) <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	F. Burn(s) (second or third degree) <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	G. Skin tear(s)
<input type="checkbox"/>	H. Moisture Associated Skin Damage (MASD) (i.e. incontinence (IAD), perspiration, drainage) <input type="checkbox"/> CATs
None of the Above	
<input type="checkbox"/>	Z. None of the above were present

M1200. Skin and Ulcer Treatments

↓ Check all that apply

<input type="checkbox"/>	A. Pressure reducing device for chair <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	B. Pressure reducing device for bed <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	C. Turning/repositioning program <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	D. Nutrition or hydration intervention to manage skin problems <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	E. Pressure ulcer care <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	F. Surgical wound care <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	G. Application of nonsurgical dressings (with or without topical medications) other than to feet <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	H. Applications of ointments/medications other than to feet <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	I. Application of dressings to feet (with or without topical medications) <input type="checkbox"/> RUG III <input type="checkbox"/> RUG IV
<input type="checkbox"/>	Z. None of the above were provided

Section N	Medications
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N0300. Injections

Enter Days <input style="width: 30px; height: 20px;" type="text"/>	Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0410, Medications Received	
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N0350. Insulin

Enter Days <input style="width: 30px; height: 20px;" type="text"/>	A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days	
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Enter Days <input style="width: 30px; height: 20px;" type="text"/>	B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days	
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N0410. Medications Received

Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days

Enter Days <input style="width: 30px; height: 20px;" type="text"/>	A. Antipsychotic	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	B. Antianxiety	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	C. Antidepressant	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	D. Hypnotic	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	F. Antibiotic	
Enter Days <input style="width: 30px; height: 20px;" type="text"/>	G. Diuretic	

Section O Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last 14 days

	1. While NOT a Resident	2. While a Resident
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
↓ Check all that apply ↓		
Cancer Treatments		
A. Chemotherapy	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
B. Radiation	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
D. Suctioning	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/>
E. Tracheostomy care	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
F. Ventilator or respirator	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
G. BiPAP/CPAP	<input type="checkbox"/>	<input type="checkbox"/>
Other		
H. IV medications	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
I. Transfusions	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
J. Dialysis	RUG III <input type="checkbox"/>	RUG III <input type="checkbox"/> RUG IV <input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
L. Respite care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/> RUG IV <input type="checkbox"/>
None of the Above		
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

Enter Code <input type="checkbox"/>	A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season? 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received
	B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? <div style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="display: flex; justify-content: center; gap: 20px; font-size: small;"> Month Day Year </div>
Enter Code <input type="checkbox"/>	C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above

O0300. Pneumococcal Vaccine

Enter Code <input type="checkbox"/>	A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies
Enter Code <input type="checkbox"/>	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered

Section O Special Treatments, Procedures, and Programs

O0400. Therapies - Continued

Enter Number of Minutes

 Enter Number of Minutes

 Enter Number of Minutes

 Enter Number of Minutes

 Enter Number of Days

C. Physical Therapy

- Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days RUG III RUG IV
- Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days RUG III RUG IV
- Group minutes** - record the total number of minutes this therapy was administered to the resident **as part of a group of residents** in the last 7 days RUG III RUG IV

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C5, Therapy start date

- Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days
- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days RUG III RUG IV
- Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started RUG IV
 - -
 Month Day Year
- Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing RUG IV
 - -
 Month Day Year

Enter Number of Minutes

 Enter Number of Days

 Enter Number of Minutes

 Enter Number of Days

 Enter Number of Minutes

 Enter Number of Days

D. Respiratory Therapy

- Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400E, Psychological Therapy
- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days RUG III RUG IV

E. Psychological Therapy (by any licensed mental health professional)

- Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400F, Recreational Therapy
- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

- Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0420, Distinct Calendar Days of Therapy
- Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

O0420. Distinct Calendar Days of Therapy

Enter Number of Days

Record the number of calendar days that the resident received **Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy** for at least 15 minutes in the past 7 days. RUG IV

O0450. Resumption of Therapy - Complete only if A0310C = 2 or 3 and A0310F = 99

Enter Code

A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline?

- No → Skip to O0500, Restorative Nursing Programs RUG IV
- Yes

B. Date on which therapy regimen resumed:

 - -
 Month Day Year

Section O Special Treatments, Procedures, and Programs

O0500. Restorative Nursing Programs

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

Number of Days	Technique	RUG III	RUG IV
<input type="checkbox"/>	A. Range of motion (passive)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B. Range of motion (active)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C. Splint or brace assistance	<input type="checkbox"/>	<input type="checkbox"/>
Number of Days	Training and Skill Practice In:	RUG III	RUG IV
<input type="checkbox"/>	D. Bed mobility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	E. Transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	F. Walking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	G. Dressing and/or grooming	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	H. Eating and/or swallowing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	I. Amputation/prostheses care	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	J. Communication	<input type="checkbox"/>	<input type="checkbox"/>

O0600. Physician Examinations

Enter Days Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident? RUG III

O0700. Physician Orders

Enter Days Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders? RUG III

Section P	Restraints
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P0100. Physical Restraints	
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	
Coding: 0. Not used 1. Used less than daily 2. Used daily	↓ Enter Codes in Boxes
	Used in Bed
	<input type="checkbox"/> A. Bed rail <input type="text" value="CATs"/>
	<input type="checkbox"/> B. Trunk restraint <input type="text" value="CATs"/>
	<input type="checkbox"/> C. Limb restraint <input type="text" value="CATs"/>
	<input type="checkbox"/> D. Other <input type="text" value="CATs"/>
	Used in Chair or Out of Bed
	<input type="checkbox"/> E. Trunk restraint <input type="text" value="CATs"/>
	<input type="checkbox"/> F. Limb restraint <input type="text" value="CATs"/>
	<input type="checkbox"/> G. Chair prevents rising <input type="text" value="CATs"/>
<input type="checkbox"/> H. Other <input type="text" value="CATs"/>	

Section Q	Participation in Assessment and Goal Setting
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Q0100. Participation in Assessment	
Enter Code <input type="checkbox"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. Resident has no family or significant other
Enter Code <input type="checkbox"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. Resident has no guardian or legally authorized representative
Q0300. Resident's Overall Expectation Complete only if A0310E = 1	
Enter Code <input type="checkbox"/>	A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. Unknown or uncertain
Q0400. Discharge Plan	
Enter Code <input type="checkbox"/>	A. Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral

Section Q Participation in Assessment and Goal Setting

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B
 Complete only if A0310A = 02, 06, or 99

Enter Code <input type="checkbox"/>	<p>Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?</p> <p>0. No 1. Yes → Skip to Q0600, Referral 8. Information not available</p>
--	---

Q0500. Return to Community

Enter Code <input type="checkbox"/>	<p>B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"</p> <p>0. No 1. Yes 9. Unknown or uncertain</p>
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Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

Enter Code <input type="checkbox"/>	<p>A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)</p> <p>0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available</p>
Enter Code <input type="checkbox"/>	<p>B. Indicate information source for Q0550A</p> <p>1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 8. No information source available</p>

Q0600. Referral

Enter Code <input type="checkbox"/>	<p>Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record)</p> <p>0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made</p>	
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Section V Care Area Assessment (CAA) Summary

V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment
 Complete only if A0310E = 0 and if the following is true for the **prior assessment**: A0310A = 01- 06 or A0310B = 01- 06

Enter Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	A. Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment) 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	B. Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment) 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) 99. None of the above
	C. Prior Assessment Reference Date (A2300 value from prior assessment) <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input style="width: 10px; height: 10px;" type="text"/> </div> – <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input style="width: 10px; height: 10px;" type="text"/> </div> – <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input style="width: 10px; height: 10px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>
Enter Score <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment) CATs
Enter Score <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	E. Prior Assessment Resident Mood Interview (PHQ-9®) Total Severity Score (D0300 value from prior assessment) CATs
Enter Score <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessment) CATs

Section V Care Area Assessment (CAA) Summary

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature _____

2. Date --

Month Day Year

C. Signature of Person Completing Care Plan Decision and Date Signed

1. Signature _____

2. Date --

Month Day Year

Section X Correction Request

Complete Section X only if A0050 = 2 or 3

Identification of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database.

X0150. Type of Provider (A0200 on existing record to be modified/inactivated)

Enter Code	<input type="checkbox"/>	Type of provider
		1. Nursing home (SNF/NF)
		2. Swing Bed

X0200. Name of Resident (A0500 on existing record to be modified/inactivated)

A. First name:	<input type="text"/>
C. Last name:	<input type="text"/>

X0300. Gender (A0800 on existing record to be modified/inactivated)

Enter Code	<input type="checkbox"/>	1. Male
		2. Female

X0400. Birth Date (A0900 on existing record to be modified/inactivated)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Month		Day		Year

X0500. Social Security Number (A0600A on existing record to be modified/inactivated)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)

Enter Code	<input type="checkbox"/>	A. Federal OBRA Reason for Assessment
		01. Admission assessment (required by day 14)
		02. Quarterly review assessment
		03. Annual assessment
		04. Significant change in status assessment
		05. Significant correction to prior comprehensive assessment
		06. Significant correction to prior quarterly assessment
		99. None of the above

Enter Code	<input type="checkbox"/>	B. PPS Assessment
		<u>PPS Scheduled Assessments for a Medicare Part A Stay</u>
		01. 5-day scheduled assessment
		02. 14-day scheduled assessment
		03. 30-day scheduled assessment
		04. 60-day scheduled assessment
		05. 90-day scheduled assessment
		<u>PPS Unscheduled Assessments for a Medicare Part A Stay</u>
		07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)
		<u>Not PPS Assessment</u>
		99. None of the above

Enter Code	<input type="checkbox"/>	C. PPS Other Medicare Required Assessment - OMRA
		0. No
		1. Start of therapy assessment
		2. End of therapy assessment
		3. Both Start and End of therapy assessment
		4. Change of therapy assessment

X0600 continued on next page

Section X	Correction Request
------------------	---------------------------

X0600. Type of Assessment - Continued

Enter Code <input type="checkbox"/>	D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes
Enter Code <input type="checkbox"/> <input type="checkbox"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above

X0700. Date on existing record to be modified/inactivated - Complete one only

	A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> Month Day Year </div>
	B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> Month Day Year </div>
	C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> Month Day Year </div>

Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request

X0800. Correction Number

Enter Number <input type="checkbox"/> <input type="checkbox"/>	Enter the number of correction requests to modify/inactivate the existing record, including the present one
---	---

X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)

↓ Check all that apply	
<input type="checkbox"/>	A. Transcription error
<input type="checkbox"/>	B. Data entry error
<input type="checkbox"/>	C. Software product error
<input type="checkbox"/>	D. Item coding error
<input type="checkbox"/>	E. End of Therapy - Resumption (EOT-R) date
<input type="checkbox"/>	Z. Other error requiring modification If "Other" checked, please specify: _____

X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)

↓ Check all that apply	
<input type="checkbox"/>	A. Event did not occur
<input type="checkbox"/>	Z. Other error requiring inactivation If "Other" checked, please specify: _____

Section Z Assessment Administration

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date Section Completed
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			

Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion

A. Signature: _____

B. Date RN Assessment Coordinator signed assessment as complete:

- -
 Month Day Year

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Case Mix Dementia Resident Classification Scenarios



Angela Bales has been a resident of ABC Nursing Home for 3 years. Ms. Bales is 5 feet tall, weighs approximately 130 lbs. and is 82 years old. She has been diagnosed with Dementia (non-Alzheimer) and schizophrenia.

The staff can understand what Ms. Bales is expressing or communicating the majority of the time. Ms. Bales may occasionally have feelings of depression or be overly tired and/or have little energy; however, this is not a daily occurrence. Ms. Bales has a history of having hallucinations and also delusions. She is always stating that her husband came to visit her 'last night' when her husband has been deceased for a number of years. Ms. Bales does not wander, or exhibit behavioral symptoms towards herself or others in the facility. Overall, she is a pleasant and cooperative resident.

Ms. Bales does not have the strength to perform many daily living activities and therefore requires 1 staff person to assist her with daily living activities. Ms. Bales requires weight-bearing support for transfers, locomotion around the unit, dressing, toilet use and hygiene. She only requires supervision and set-up assistance for eating. Ms. Bales is able to move around in bed, and independently walk short distances, such as in a corridor.

ADL Score: 10

Case Mix RUG III Code: BB1 Behavioral with ADL Score of 6-10

RUG III Weight: 1.123

Case Mix RUG IV Code: BB1

RUG IV CMI: 0.75¹

Determining factors:

- has hallucinations and/or delusions
- less nursing rehab
- ADL score of 6-10

¹ RUG IV weights are from the CMS national weight set for the 66 group model based on national estimates of nursing staff time from the STRIVE staff time study. States using RUG-IV for Medicaid payment can opt to use this set for 66-group index maximized classification based on nursing time only.

Case Mix Dementia Resident Classification Scenarios



Yvonne Knott has been in the facility for 3 months now. She is 85 years old, 5ft 5in tall and weighs 120 lbs. Current diagnoses for Yvonne include the following: anemia, atrial fibrillation, coronary artery disease (CAD), heart failure, hypertension, fever with pneumonia, dementia (non-Alzheimer's), depression, psychotic disorder, and asthma. Ms. Knott is currently on a therapeutic diet, and receiving oxygen therapy.

Ms. Knott has no problems with hearing, speech or vision. She is able to effectively communicate with staff. She does have difficulty recalling information, such as which day or month it is, or recalling an event that happened earlier that day. She states that she is never feeling down, depressed, tired or has any difficulty concentrating. Once in a while, Ms. Knott will reject care from the nurses and occasionally will be found wandering.

Yvonne requires guided maneuvering or weight-bearing support from a single staff member in order to perform many of her daily living activities, including transfers, locomotion, dressing, toilet use and personal hygiene. Ms. Knott also has frequent incontinence. Ms. Knott only requires cuing for bed mobility, walking around, and eating. Ms. Knott typically requires the use of a walker and/or wheelchair.

ADL Score: 9

Case Mix RUG III Code: SSA – Special with ADL of 4-14

RUG III Weight: 1.511

Case Mix RUG IV Code: HB1

RUG IV CMI: 1.22

Determining factors:

- Fever with pneumonia
- AND ADL score of 7 or more

*Note: Without fever with pneumonia, resident would have qualified for CA2, weight 1.331

- pneumonia
- oxygen therapy
- physician visits and order changes 2+ days
- AND ALD 4-11
- AND signs of depression

Case Mix Dementia Resident Classification Scenarios



Dewey Williams has been a resident of ABC nursing home for about 1 year. He is 6 ft. tall, weighs 165 lbs. and is 85 years old. Current diagnoses include hypertension, hyperlipidemia, dementia (non-Alzheimer's), depression and psychotic disorder.

Mr. Williams sometimes has difficulty hearing and understanding others. He usually has to ask the speaker to speak up or repeat their statements. Staff and others can understand Mr. Williams most of the time. Sometimes Mr. Williams may have to be prompted or given time to finish his thoughts. Dewey does not recall information easily unless prompted. He can repeat topics from very recent conversations, but does not know what day, month or year it is. Mr. Williams states that he sometimes has difficulty concentrating on things. Mr. Williams has no history of wandering, delusions, hallucinations, or behavioral symptoms.

Dewey is an independent resident for most of his daily living activities. He requires cuing when dressing, and oversight from staff for personal hygiene. All other activities, Mr. Williams performs independently without assistance from staff. Occasionally, Mr. Williams may be unsteady when transferring from the bed to a chair, or vice versa, but he is able to correct himself without the staff intervening.

ADL Score: 4

Case Mix RUG III Code: IA1 – Cognitive impairment ADL 4-5

RUG III Weight: 0.888

Case Mix RUG IV Code: BA 1

RUG IV CMI: 0.53

Determining factors:

- Brief interview for mental status (BIMS) score ≤ 9
- ADL score ≤ 10

Case Mix Dementia Resident Classification Scenarios



Agnes McPherson is a long time resident of the nursing facility. She is 95 years old, 5 ft. 8 inches, and weighs 125 lbs. Her current diagnoses include: hypertension, Alzheimer's disease, chronic lung disease and depression.

Ms. McPherson has excellent vision and hearing and is also able to communicate effectively to the staff and other residents. Ms. McPherson does occasionally scream at staff members, but otherwise does not exhibit other behavioral symptoms. Ms. McPherson is often forgetful and cannot recall items. She does not know what day, month, year it is.

Agnes requires cuing and encouragement from staff on many of her daily living activities. She requires additional assistance from one staff member when dressing. She also needs physical help in bathing. She is unsteady when transitioning and walking. Staff often needs to help stabilize Ms. McPherson.

ADL Score: 4

Case Mix RUG III Code: CA1 – Clinically complex ADL 4-14

RUG III Weight: 1.149

Case Mix RUG IV Code: BA 1

RUG IV CMI: 0.53

Determining factors:

- Physician visits 2+ days and order changes 2+ days (last 14 days)
- ADL 4-11
- No signs of depression

Case Mix Dementia Resident Classification Scenarios



Cindy Carey has been a resident since April of this year. She is 4ft 7in, weighs 115 lbs. and is 85 years old. Cindy's current diagnoses include: heart failure, hypertension, diabetes, stroke, dementia (non-Alzheimer), and psychotic disorder. Cindy is currently participating in restorative nursing for walking, transfers and dressing/grooming skill practicing every day.

Mrs. Carey has a difficult time hearing and understanding staff and other residents, despite the use of her hearing aid. She frequently has to ask them to speak up. Mrs. Carey can usually recall information when asked, although, she cannot tell staff what day, month, or year it is. Mrs. Carey frequently feels depressed, tired, has little energy, and has trouble concentrating. Every once in a while Cindy will start cursing at staff. Most of the time, she doesn't show signs of behavioral symptoms.

Mrs. Carey requires assistance with her daily living activities. She needs one staff member to provide guidance for walking, moving around, transitions, etc. She requires a staff member to provide weight-bearing assistance for dressing, toilet use, personal hygiene, and bathing. Mrs. Carey is frequently incontinent.

ADL Score: 11

Case Mix RUG III Code: PD2 – Physical with nursing rehab ADL 11-15

RUG III Weight: 1.323

Case Mix RUG IV Code: BB2

RUG IV CMI: 0.81

Determining factors:

- Dressing/grooming training AND/OR Transfer training AND/OR Walking training
- 2 or more nursing rehab services on 6+ days/week
- ADL 11-15

Case Mix Dementia Resident Classification Scenarios



Huey Rogers is a long-time resident of ABC Nursing Home. He is 89, weighs 160lbs, and is slightly over 6 feet tall. Huey's current diagnoses include: hypertension, diabetes and dementia (non-Alzheimer's). Huey is currently participating in restorative nursing for range of motion, bed mobility, transfer and dressing/grooming skill practice nearly every day.

Mr. Rogers has excellent hearing with his hearing aid, and excellent vision, with corrective lenses. He is able to understand and communicate effectively with staff and other residents. Mr. Rogers exhibits no behavioral symptoms and is a pleasure to be around. Mr. Rogers is reasonably able to repeat and recall information. He often does not know what the exact day, month, or year it is, but he is usually very close. He will sometimes think it is a couple days to a year earlier than the actual date.

Mr. Rogers requires extensive assistance with his daily living activities. He requires weight-bearing assistance from one (1) staff member for bed mobility, transferring, toileting, dressing, locomotion, personal hygiene, bathing, etc. Mr. Rogers requires staff assistance to help stabilize him for moving around, walking, turning, etc. Mr. Rogers states that he is frequently in mild pain. He receives daily insulin injections for his diabetes. He also requires that his meals be pureed for easier consumption.

ADL Score: 13

Case Mix RUG III Code: CB1 – Clinically Complex ADL 12-16

RUG III Weight: 1.389

Case Mix RUG IV Code: PC1

RUG IV CMI: 1.15

Determining factors:

- Diabetes with injection on 7 days AND order changes 2+ days
- ADL 12-16
- No signs of depression

RUG-III Classification Model

Version 5.20, 44-Group

Calculation of ADL Score

Effective for MDS 3.0 Assessments With an ARD Date on or After 10/1/2013

The ADL (Activities of Daily Living) score calculation includes bed mobility, transfer, toilet use and eating. Below is the calculation process:

STEP # 1

MDS 3.0 ADL Items	MDS ADL Item Descriptions
G0110A (1 & 2)	Bed mobility
G0110B (1 & 2)	Transfer
G0110I (1 & 2)	Toilet Use
G0110H (1)	Eating

Use the following chart to calculate the ADL score for bed mobility, transfers, and toilet use. Record the associated ADL scores to the right. *The eating ADL score will be calculated in Step #2.*

When <u>Column 1</u> =	And	<u>Column 2</u> =	Then	<u>ADL Score</u> =	(Record below)
0, 1 or 7		any number		1	
2		any number		3	Bed mobility = _____
3 or 4		0, 1, or 2		4	Transfers = _____
3, 4, or 8		3 or 8		5	Toilet use = _____

STEP # 2

MDS 3.0 ADL Items	MDS ADL Item Descriptions
K0510A, 1 or 2	Parenteral / IV
K0510B, 1 or 2	Feeding Tube
K0710A3	Total Calories During Entire 7 days
K0710B3	Average Fluid Intake During Entire 7 days

To complete the eating ADL score calculation use the criteria below. Record the associated ADL score to the right.

- a. If Parenteral / IV (K0510A1 or K0510A2) is checked, the eating **ADL Score = 3**.
Proceed to Step # 3.
 - **If not checked then;**
- b. If Feeding Tube (K0510A1 or K0510A2) is checked **AND** total calories is 51% or more calories (K0710A3 = 3), the eating **ADL Score = 3**. **Proceed to Step # 3.**
 - **If not then;**
- b. If Feeding Tube (K0510A1 or K0510A2) is checked **AND** total calories is 26% to 50% of calories (K0710A3 = 2) **AND** average fluid intake is 501cc. or more fluid (K0710B3 = 2), the eating **ADL Score = 3**. **Proceed to Step # 3.**
 - **If not then;**
- c. When neither Parenteral / IV nor Feeding Tube (with appropriate intake) is checked, evaluate the chart below for eating self-performance. **Proceed to Step # 3.**

When <u>Column 1 (Only)</u> =	Then	<u>ADL score</u> =	(Record below)
0, 1 or 7		1	
2		2	
3, 4, or 8		3	Eating = _____

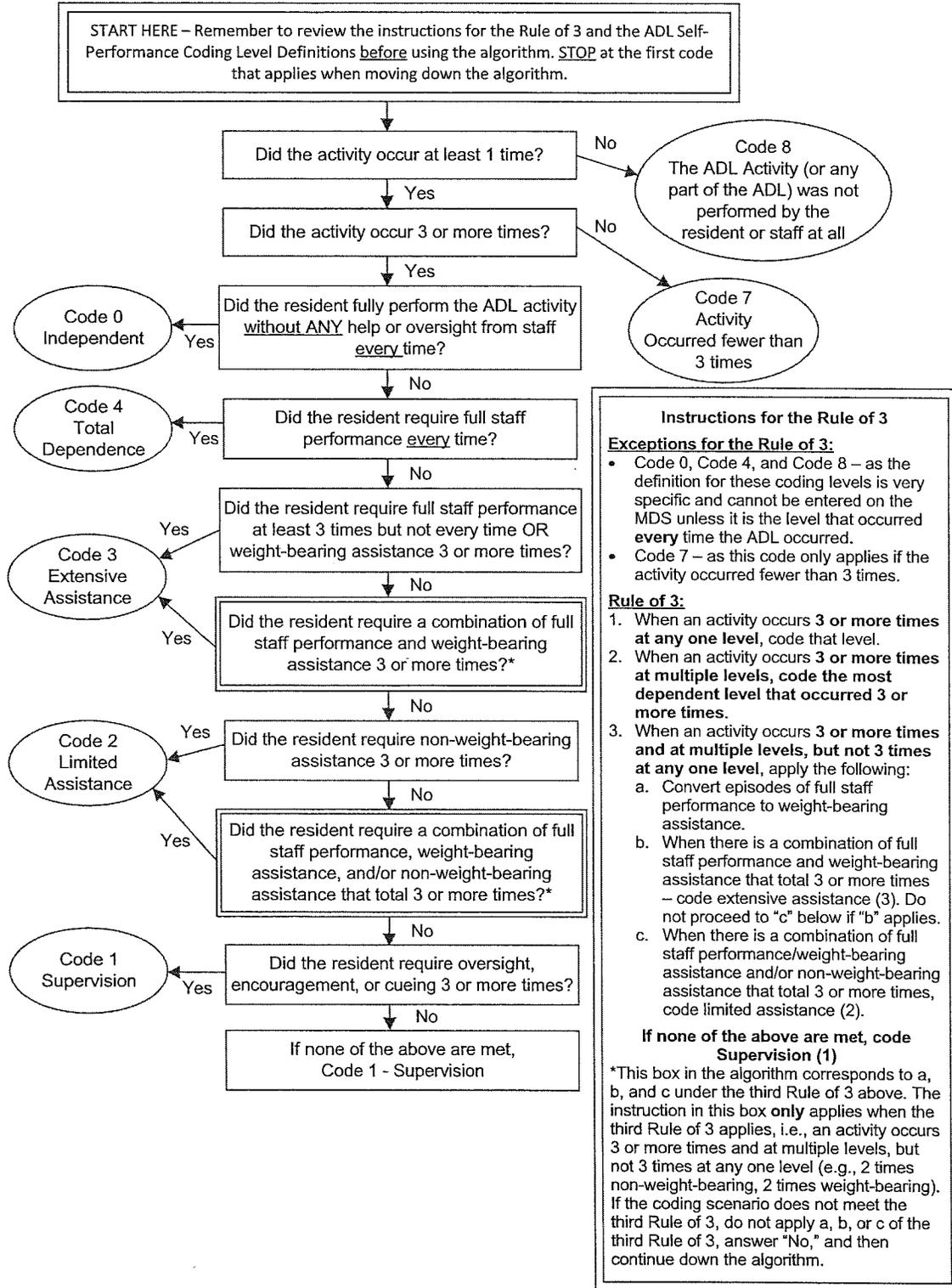
STEP # 3

The total combined ADL score for bed mobility, transfer, toilet use and eating ranges between 4 through 18. A score of 4 represents an independent resident while a score of 18 represents a totally dependent resident.

Total RUG-III ADL Score = _____

G0110: Activities of Daily Living (ADL) Assistance (cont.)

ADL Self-Performance Algorithm



Source: NHCMO Demonstration: An orientation guide to
 by: Judith Baker, CPA
 Procedural Computations, 9/94

Table 8

**Comparison of Medicare Indices and the Staff Time Minutes
 on which the Indices are Based**

Using Differential Salary Weighting Schedules

Salary Weights:

	RN	LPN	AIDE
NY - ME	1.34	1.02	0.67
TX - MS	1.50	1.00	0.45
KS - SD	1.41	1.00	0.59

Smoothed Medicare Indices for Nursing+RNST
 In a region no two index scores are the same

RST = Resident Specific Time
 RNST = Resident non specific time

MDS+	HCFA1450 Codes	Revenue based SNF indices			Based on RST+RNST			Total Nurs. Mins.
		NY/ME	TX/MS	KS/SD	RN Mins.	LPN Mins.	Aide Mins.	
RVC	9044	2.08	2.30	2.16	115	53	195	363
RVB	9043	1.53	1.63	1.57	67	46	168	281
RVA	9042	1.37	1.43	1.39	58	37	158	253
RHD	9041	1.94	2.11	2.00	92	65	187	344
RHC	9040	1.55	1.65	1.59	72	37	176	285
RHB	9039	1.43	1.52	1.46	67	34	160	261
RHA	9038	1.30	1.38	1.33	57	36	144	237
RMC	9037	1.81	1.98	1.87	85	68	165	318
RMB	9036	1.36	1.42	1.38	55	42	156	253
RMA	9035	1.28	1.37	1.32	61	31	141	233
RLB	9034	1.29	1.32	1.30	48	34	164	246
RLA	9033	1.14	1.18	1.16	39	41	137	217
SE3	9032	3.85	4.66	4.12	248	208	121	577
SE2	9031	2.32	2.54	2.40	103	98	208	409
SE1	9030	1.60	1.69	1.62	56	69	170	295
SSC	9029	1.46	1.49	1.47	39	64	178	281
SSB	9028	1.31	1.33	1.31	34	59	159	252
SSA	9027	1.22	1.26	1.23	38	50	143	231
CD2	9026	1.27	1.27	1.28	32	41	185	258
CD1	9025	1.25	1.21	1.24	27	39	190	256
CC2	9024	1.13	1.11	1.12	26	38	164	228
CC1	9023	1.07	1.04	1.08	23	36	158	217
CB2	9022	1.06	1.07	1.06	29	37	145	211
CB1	9021	0.94	0.96	0.95	26	33	127	186
CA2	9020	0.91	0.97	0.93	29	45	95	169
CA1	9019	0.77	0.79	0.77	22	35	87	144
IB2	9018	0.98	0.94	0.97	21	33	142	196
IB1	9017	0.88	0.86	0.87	18	30	129	177
IA2	9016	0.75	0.77	0.76	19	36	90	145
IA1	9015	0.66	0.67	0.65	15	29	84	128
BB2	9014	0.97	0.93	0.96	26	26	143	195
BB1	9013	0.86	0.84	0.85	19	32	120	171
BA2	9012	0.69	0.70	0.69	17	34	79	130
BA1	9011	0.58	0.59	0.58	15	26	71	112
PE2	9010	1.08	1.03	1.06	22	27	177	226
PE1	9009	1.04	0.98	1.02	16	33	177	226
PD2	9008	1.01	0.95	1.00	19	29	164	212
PD1	9007	0.95	0.91	0.94	16	32	150	198
PC2	9006	0.87	0.85	0.86	19	32	119	170
PC1	9005	0.85	0.83	0.84	19	32	119	170
PB2	9004	0.76	0.74	0.75	16	23	118	157
PB1	9003	0.68	0.68	0.68	16	28	90	134
PA2	9002	0.65	0.66	0.66	19	25	82	126
PA1	9001	0.53	0.54	0.54	13	24	67	104
Default	9000	0.53	0.54	0.54				

Min	0.53	0.54	0.54	13.00	23.00	67.00	104.00
Max	3.85	4.66	4.12	248.00	208.00	208.00	577.00
Mean	1.21	1.25	1.22	42.57	43.34	140.95	226.66

Draft 8/20/94 ESC

Data Sources: Development of the M3PI, A Clinical Nursing Analysis for RUG III, and Constructed Price Model Paper

**Maine MDS RUG III Codes
Model Version 5.20 ME for MDS 3.0**

Category	ADL Index	End Splits	RUG-III Codes	Maine Weight
Rehabilitation				
Ultra High Rehabilitation Rehabilitation Rx 720 minutes/week minimum (O0400A – C[1-3]) AND] At least 1 rehabilitation discipline 5 days/week (O0400A4 – C4) AND A second rehabilitation discipline 3 days/week (O0400A4 – C4)	16-18 9-15 4-8	Not Used Not Used Not Used	RUC RUB RUA	1.986 1.426 1.165
Very High Rehabilitation Rehabilitation Rx 500 minutes/week minimum (O0400A – C[1-3]) AND At least 1 rehabilitation discipline 5 days/week (O0400A4 – C4)	16-18 9-15 4-8	Not Used Not Used Not Used	RVC RVB RVA	1.756 1.562 1.217
High Rehabilitation Rehabilitation Rx 325 minutes/week minimum (O0400A – C[1-3]) AND At least 1 rehabilitation discipline 5 days/week (O0400A4 – C4)	13-18 8-12 4-7	Not Used Not Used Not Used	RHC RHB RHA	1.897 1.559 1.260
Medium Rehabilitation Rehabilitation Rx 150 minutes/week minimum (O0400A – C[1-3]) AND 5+ days received across all types of therapy (O0400A4 – C4)	15-18 8-14 4-7	Not Used Not Used Not Used	RMC RMB RMA	2.051 1.635 1.411
Low Rehabilitation Rehabilitation Rx 45 minutes/week minimum (O0400A – C[1-3]) AND 3+ days received across all types of therapy (O0400A4 – C4) AND 2+ nursing rehab activities at 6+ days each (O0500A-J, H0200C/H0500)	14-18 4-13	Not Used Not Used	RLB RLA	1.829 1.256
Extensive Services				
IV feeding in last 7 days (K0500A/K0510A1/K0510A2) OR IV medications (O0100H), suctioning (O0100D), tracheostomy care (O0100E) or ventilator/respirator (O0100F) in the last 14 days AND ADL score of 7 or more	7-18	Count of other categories (special care, clinically complex, impaired cognition), plus IV medications, plus IV feeding	SE3 SE2 SE1	2.484 2.057 1.910
OR Maine only: Traumatic brain injury (I5500)	15-18 10-14 7-9	Not Used Not Used Not Used	SE3 SE2 SE1	2.484 2.057 1.910
Special Care				
OR Extensive Services (see above) and ADL score of 6 or less Special Care qualifier (any one): • Cerebral Palsy (I4400) with ADL sum >= 10 • Multiple Sclerosis (I5200) with ADL sum >= 10 • Quadriplegia (I5100) with ADL sum >= 10 • Respiratory therapy (O0400D2) = 7 days • Aphasia (I4300) with feeding tube (K0500B/K0510B1/2) (calories >= 51%, or calories = 26%-50% (K0700A/K0710A3) and fluids >= 501 cc (K0700B/K0710B3)) • Radiation therapy (O0100B1-2) • Ulcers (2 sites, any stage (M0300A, M0300B1-D1, M1030)*; or 1 site stage 3 or 4 (M0300C1-D1, F1)*) AND 2+ skin treatments (M1200A-E, G-H) • Surgical wounds (M1040E) AND surgical wound care (M1200F) or application of dressing (M1200G) or application of ointment (M1200H) • Open lesions (M1040D) AND surgical wound care (M1200F) or application of dressing (M1200G) or application of ointment (M1200H) • Fever (J1550A) with dehydration (J1550C) • Fever (J1550A) with pneumonia (I2000) • Fever (J1550A) with vomiting (J1550B) • Fever (J1550A) with weight loss (K0300) • Fever (J1550A) with feeding tube (K0500B/K0510B1/2) (calories >= 51%, or calories = 26%-50% (K0700A/K0710A3) and fluid >= 501 cc (K0700B/K0710B3)) AND ADL score of 7 or more	17-18 15-16 4-14	Not Used Not Used Not Used	SSC SSB SSA	1.841 1.709 1.511

**Maine MDS RUG III Codes
Model Version 5.20 ME for MDS 3.0**

Category	ADL Index	End Splits	RUG-III Codes	Maine Weight		
Clinically Complex						
OR	Special Care qualifier (see above) and ADL score of 6 or less)	17-18D	***Signs of Depression	CC2	1.826	
	Clinically complex qualifier (any one):	17-18	No Signs	CC1	1.663	
<ul style="list-style-type: none"> • Burns (M1040F) • Coma (B0100) AND not awake (no crosswalk**) AND ADL dependent (G0110A1, G0110B1, G0110H1, G0110I1) • Septicemia (I2100) • Pneumonia (I2000) • Foot lesion (M1040B, M1040C)/infection (M1040A) AND dressing to foot (M1200I) • Internal bleeding (J1550D) • Dehydration (J1550C) • Feeding tube (K0500B) (calories >= 51%, or calories = 26%-51% (K0700A/K0710A3) AND fluids >= 501 cc (K0700B/K0710B3 = 2)) • Oxygen therapy (O0100C1, O0100C2) • Transfusions (O0100I1, O0100I2) • Hemiplegia/hemiparesis (I4900) with ADL score >= 10 • Chemotherapy (O0100A1, O0100A2) • Dialysis (O0100J1, O0100J2) • Physician visits (O0600) 1+ days AND order changes (O0700) 4+ days (last 14 days) • Physician visits (O0600) 2+ days and order changes (O0700) 2+ days (last 14 days) • Diabetes (I2900) with injection (N0300) on 7 days AND order change O0700) 2+ days (last 14 days) 	12-16D	Signs of Depression	CB2	1.503		
		12-16	No Signs	CB1	1.389	
		4-11D	Signs of Depression	CA2	1.331	
		4-11	No Signs	CA1	1.149	
	Impaired Cognition					
	AND	****Score on MDS 3.0 Brief Interview for Mental Status (BIMS) <= 9. If BIMS is not completed, a CPS score is calculated using decision making (C1000), making self understood (B0700), short-term memory (C0700), coma (B0100) and eating self-performance (G0110H1).	6-10	2 or more nursing rehab services on 6+ days/week	IB2	1.199
		ADL score of 10 or less	6-10	Less nursing rehab	IB1	1.152
			4-5	2 or more nursing rehab services on 6+ days/week	IA2	0.945
			4-5	Less nursing rehab	IA1	0.888
	NOTES: No clinical variables used See Reduced Physical Function (below) for nursing rehab services count					
	Behavior Problems					
	OR	Wandering (E0900), physical abuse (E0200A), verbal abuse (E0200B), inappropriate behavior (E0200C) OR resisted care (E0800) on 4+ days/week	6-10	2 or more nursing rehab services on 6+ days/week	BB2	1.180
			6-10	Less nursing rehab	BB1	1.123
		AND	Hallucinations (E0100A) or delusions (E0100B)	4-5	2 or more nursing rehab services on 6+ days/week	BA2
4-5				Less nursing rehab	BA1	0.759
NOTES: See Reduced Physical Function (below) for nursing rehab services count						
Reduced Physical Function						
Nursing rehab service count of the following 6+ days/week: <ul style="list-style-type: none"> • Passive (O0500A) OR active ROM (O0500B) • Amputation/prosthesis care training (O0500I) • Splint or brace assistance (O0500C) • Dressing or grooming training (O0500G) • Eating or swallowing training (O0500H) • Transfer training (O0500E) • Bed mobility (O0500D) OR walking training (O0500F) • Communication training (O0500J) Add to count of Nursing Rehab: <ul style="list-style-type: none"> • Scheduled toileting plan (H0200C, H0500) in the last 7 days 	16-18	2 or more nursing rehab services on 6+ days/week	PE2	1.454		
		16-18	Less nursing rehab	PE1	1.421	
		11-15	2 or more nursing rehab services on 6+ days/week	PD2	1.323	
		11-15	Less nursing rehab	PD1	1.281	
		9-10	2 or more nursing rehab services on 6+ days/week	PC2	1.219	
		9-10	Less nursing rehab	PC1	1.088	
		6-8	2 or more nursing rehab services on 6+ days/week	PB2	0.833	
		6-8	Less nursing rehab	PB1	0.854	
		4-5	2 or more nursing rehab services on 6+ days/week	PA2	0.776	
		4-5	Less nursing rehab	PA1	0.749	
	NOTES: No clinical variables used					
Default – Not Classified			BC1	0.749		

Maine MDS RUG III Codes Model Version 5.20 ME for MDS 3.0

* Pressure ulcer conversion from MDS 2.0 to MDS 3.0:

On the MDS 2.0, items M1a-d refers to ulcers due to any cause (including venous and arterial ulcers). On the MDS 3.0, items M0300A, M0300B1, M0300C1 and M0300D1 only refer to unhealed pressure ulcers. RUG-III considers the count of ulcers (pressure ulcers, arterial, and stasis ulcers) regardless of stage. For the purpose of crosswalking the MDS 2.0 RUG-III logic to MDS 3.0, the number of venous or arterial ulcers (M1030) is added to the number of stage 1 ulcers (M0300A). To crosswalk M1d on the MDS 2.0, the number of unstageable ulcers due to slough and/or eschar (M0300F1) is added to the number of stage 4 ulcers (M0300D1).

** Time awake conversion from MDS 2.0 to MDS 3.0:

There are no fields on the MDS 3.0 that are equivalent to the time awake fields on the MDS 2.0 (N1a-N1c). For use in calculating a RUG-III group, N1a-c are set to 0 to be consistent with item B0100 on the MDS 3.0.

*** Depression calculation on MDS 3.0 using PHQ:

1. Calculate PHQ using resident interview (D0200)
 - a. Add values in column 2 (symptom frequency) for items D0200A-I column 2 that are not missing.
 - b. Calculate the PHQ score
 - i. If the number of items missing in column 2 is 3 or greater, skip to staff assessment (D0500)
 - ii. If the number of items missing in column 2 is 2 then PHQ Score = multiply the sum by 9/7 or (1.286)
 - iii. If the number of items missing in column 2 is 1 then PHQ Score = multiply the sum by 9/8 or (1.125)
 - iv. If the number of items missing in column 2 is 0 then PHQ Score = sum of items
2. Calculate PHQ using staff assessment (D0500)
 - a. Add values in column 2 (symptom frequency) for items D0500A-J that are not missing.
 - b. Calculate the PHQ score
 - i. If the number of items missing in column 2 is 3 or greater, PHQ Score = '-'
 - ii. If the number of items missing in column 2 is 2 then PHQ Score = multiply the sum by 10/7 or (1.111)
 - iii. If the number of items missing in column 2 is 1 then PHQ Score = multiply the sum by 10/8 or (1.250)
 - iv. If the number of items missing in column 2 is 0 then PHQ Score = sum of items
3. Determine whether resident is depressed
 - a. If there are 2 or fewer missing values on the PHQ resident interview, if the adjusted PHQ scale score ≥ 10 , the resident is depressed. Otherwise, the resident is not depressed.
 - b. If depression cannot be calculated using a: If there are 2 or fewer missing values on the PHQ staff assessment, if the adjusted PHQ scale score ≥ 10 , the resident is depressed. Otherwise the resident is not depressed.
 - c. If there are 3 or more missing values in both a and b, the resident is not depressed.

**** Cognitive Impairment Score (CPS) on MDS 3.0 using BIMS:

1. Calculate BIMS using items C0200, C0300A-C, C0400A-C. If any of the interview items are missing (value = "-"), then skip to item 2. Add the value from each of the fields. If total is less than or equal to 9, the resident is cognitively impaired.
2. If unable to calculate cognitive impairment using BIMS, then use the following logic:
 - a. Count the number of non-independence items: short-term memory (C0700=1); cognitive skills for daily decision making (C1000 = 1 or 2); makes self understood (B0700 = 1, 2, or 3).
 - b. Count the number of moderate to severe impairment items: cognitive skills for daily decision making (C1000 = 2); makes self understood (B0700 = 2 or 3).
 - c. Calculate CPS score
 - i. If coma (B0100 = 1) and cognitive skills for daily decision making not answered (C1000 not 0, 1 or 2) then CPS score is 6.
 - ii. If cognitive skills for daily decision making is severely impaired (C1000 = 3)
 1. if eating self-performance is 4 or 8 (G0110H1 = 4 or 8) then CPS score = 6
 2. for other eating self-performance values (G0110H1 = -, 0, 1, 2, 3, 7) then CPS score = 5
 - iii. If the count of non-independence items (see item a above) is 2 or 3
 1. if the count of moderate to severe impairment items (see item b above) is 2 then CPS score = 4
 2. if the count of moderate to severe impairment items (see item b above) is 1 then CPS score = 3
 3. if the count of moderate to severe impairment items (see item b above) is 0 then CPS score = 2
 - iv. if the count of non-independence items (see item a above) is 1 then CPS score = 1

Table 5-1. RUG-III to RUG-IV Comparison

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
ULTRA HIGH REHABILITATION PLUS EXTENSIVE SERVICES	ULTRA HIGH REHABILITATION PLUS EXTENSIVE SERVICES	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline at least 3 days/week AND IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or, ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline at least 3 days/week AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score >=2	16-18	RUX RUL	Not used Not used	11-16	RUX RUL	Not used Not used
Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or, ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score >=2	16-18 7-15	RVX RVL	Not used Not used	11-16 2-10	RVX RVL	Not used Not used

MAJOR RUG-II CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
HIGH REHABILITATION PLUS EXTENSIVE SERVICES	HIGH REHABILITATION PLUS EXTENSIVE SERVICES	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or, ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score >=2	13-18	RHX RHL	Not used Not used	11-16 2-10	RHX RHL	Not used Not used
MEDIUM REHABILITATION PLUS EXTENSIVE SERVICES Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines; AND IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or, ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines; AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score >=2	15-18 7-14	RMX RML	Not used Not used	11-16 2-10	RMX RML	Not used Not used

MAJOR RUG-II CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
LOW REHABILITATION PLUS EXTENSIVE SERVICES	LOW REHABILITATION PLUS EXTENSIVE SERVICES	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines: AND Nursing rehabilitation, 2 or more services, 6 or more days/week (see Reduced Physical Function for nursing rehab services count) AND IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services. Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines AND Restorative nursing, 2 or more services, 6 or more days/week (see Reduced Physical Function for restorative nursing services) AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score >=2	7-18	RLX	Not used	2-16	RLX	Not used
ULTRA HIGH REHABILITATION Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline at least 3 days/week	ULTRA HIGH REHABILITATION Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline at least 3 days/week	16-18 9-15 4-8	RUC RUB RUA	Not Used Not Used Not Used	11-16 6-10 0-5	RUC RUB RUA	Not Used Not Used Not Used
VERY HIGH REHABILITATION Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week	VERY HIGH REHABILITATION Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week	16-18 9-15 4-8	RVC RVB RVA	Not Used Not Used Not used	11-16 6-10 0-5	RVC RVB RVA	Not Used Not Used Not Used

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III				RUG-IV				
HIGH REHABILITATION	HIGH REHABILITATION	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week	Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week	13-18 8-12 4-7	RHC RHB RHA	Not Used Not Used Not Used	11-16 6-10 0-5	RHC RHB RHA	Not Used Not Used Not Used			
MEDIUM REHABILITATION	MEDIUM REHABILITATION	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines	Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines	15-18 8-14 4-7	RMC RMB RMA	Not Used Not Used Not Used	11-16 6-10 0-5	RMC RMB RMA	Not Used Not Used Not Used			
LOW REHABILITATION	LOW REHABILITATION	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines AND Nursing rehabilitation, 2 or more services, 6 or more days/week (see Reduced Physical Function for nursing rehab services count)	Residents receiving physical or occupational therapy, or speech-language pathology services Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines AND Restorative nursing, 2 or more services, 6 or more days/week (see Reduced Physical Function for restorative nursing services)	14-18 4-13	RLB RLA	Not Used Not Used	11-16 0-10	RLB RLA	Not Used Not Used			

MAJOR RUG-II CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
EXTENSIVE SERVICES	EXTENSIVE SERVICES	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents receiving the following complex clinical care: IV feeding in last 7 days OR IV medications, suctioning, tracheostomy care, or, ventilator/respirator in the last 14 days AND ADL score of 7 or more	Residents receiving the following complex clinical care: Tracheostomy care while a resident OR Ventilator or respirator while a resident OR Isolation for active infectious disease while a resident AND ADL score >=2	7-18	SE3	Count of other categories (special care, clinically complex, impaired cognition), plus IV medications, plus IV feeding. Extensive Count of 4 or 5	2-16	ES3	Tracheostomy care (while a resident) <u>AND</u> ventilator or respirator (while a resident)
		7-18	SE2	Count of other categories (special care, clinically complex, impaired cognition), plus IV medications, plus IV feeding. Extensive Count of 2 or 3	2-16	ES2	Tracheostomy care (while a resident) <u>OR</u> ventilator or respirator (while a resident)
		7-18	SE1	Count of other categories (special care, clinically complex, impaired cognition), plus IV medications, plus IV feeding. Extensive Count of 0 or 1	2-16	ES1	Isolation for active infectious disease (while a resident)
		Notes: Comorbidities count for end splits		Notes: Qualifiers count for end splits			

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III		RUG-IV			
SPECIAL CARE	SPECIAL CARE	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
<p>Extensive Services qualifier AND ADL of 6 or less;</p> <p>OR</p> <p>Any one of the following Special Care Qualifiers:</p> <ul style="list-style-type: none"> cerebral palsy, multiple sclerosis or quadriplegia with and ADL sum > 10; respiratory therapy for 7 days; feeding tube (calories > 51%, or calories = 26-50% and fluid > 501 cc) and aphasia; radiation therapy; receiving therapy for surgical wounds/open lesions or ulcers (2 sites, any stage; or 1 site stage 3 or 4); fever with dehydration, pneumonia, vomiting, weight loss, or feeding tube (calories > 51%, or calories = 26-50% and fluid > 501cc) <p>AND ADL score of 7 or more</p>	<p>Residents receiving the following complex clinical care or with a following medical condition:</p> <ul style="list-style-type: none"> Comatose and completely ADL dependent; septicemia; diabetes with daily injections requiring physician order changes on 2 or more days; quadriplegia and ADL score >=5; chronic obstructive pulmonary disease and shortness of breath when lying flat; fever with pneumonia, or vomiting, or weight loss, or feeding tube (with calories > 51%, or calories = 26-50% and fluid > 501 cc); parenteral/IV feedings; respiratory therapy for 7 days <p>AND ADL score >=2</p>	17-18	SSC	Not Used	15-16	HE2	Signs of Depression
		15-16	SSB	Not Used	15-16	HE1	No Signs of Depression
		4-14	SSA	Not Used	11-14	HD2	Signs of Depression
					11-14	HD1	No Signs of Depression
					6-10	HC2	Signs of Depression
					6-10	HC1	No Signs of Depression
					2-5	HB2	Signs of Depression
					2-5	HB1	No Signs of Depression
					<p>Notes: Signs of depression indicator used for end splits is the same as RUG-III signs of depression for the Clinically Complex category (see RUG-III "End Splits" column for Clinically Complex below).</p> <p>Notes: For conversion to MDS 3.0, signs of depression used for end splits; PHQ score in Section D for either the resident interview or staff assessment =>10.</p>		
	<p>SPECIAL CARE LOW</p> <p>Residents receiving the following complex clinical care or with a following medical condition:</p> <ul style="list-style-type: none"> Cerebral palsy and ADL score >=5; multiple sclerosis and ADL score >=5; Parkinson's disease and ADL score >=5; respiratory failure and oxygen therapy while a resident; feeding tube (calories > 51%, or calories = 26-50% and fluid > 501 cc); ulcers (2 or more stage II or 1 or more stage III or IV pressure ulcers; or 2 or more venous/arterial ulcers; or 1 stage II pressure 		SSC	Not Used	15-16	LE2	Signs of Depression
			SSB	Not Used	15-16	LE1	No Signs of Depression
			SSA	Not Used	11-14	LD2	Signs of Depression
					11-14	LD1	No Signs of Depression
					6-10	LC2	Signs of Depression
					6-10	LC1	No Signs of Depression
					2-5	LB2	Signs of Depression
					2-5	LB1	No Signs of Depression

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
SPECIAL CARE	SPECIAL CARE	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
	<ul style="list-style-type: none"> • ulcer and 1 venous/arterial ulcer) • with 2 or more skin treatments; • foot infection, diabetic foot ulcer, or open lesions on the foot with treatment; • radiation therapy while a resident; • dialysis while a resident AND ADL score >=2				Notes: Signs of depression indicator used for end splits is the same as RUG-III signs of depression for the Clinically Complex category (see RUG-III "End Splits" column for Clinically Complex below). Notes: For conversion to MDS 3.0, signs of depression used for end splits; PHQ score in Section D for either the resident interview or staff assessment =>10.		

MAJOR RUG-II CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
CLINICALLY COMPLEX	CLINICALLY COMPLEX	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Special Care qualifier AND ADL score of 6 or less OR Any one of the following clinically complex qualifiers: <ul style="list-style-type: none"> Burns; coma and not awake and completely ADL dependent; septicemia; pneumonia; foot infection/wound with treatment; internal bleeding; dehydration; tube feeding (calories \geq 51%, or calories = 26%-50% and fluid \geq 501 cc); oxygen therapy; transfusions; hemiplegia with ADL score > 10; chemotherapy; dialysis; physician visits 1 or more days and order changes 2 or more days (last 14 days); diabetes with injection 7 days/week requiring order change 2 days or more days (last 14 days); 	Residents with Extensive Services, Special Care High, or Special Care Low qualifier AND ADL score = 0 or 1 OR Residents with any one of the following clinically complex qualifiers: <ul style="list-style-type: none"> Pneumonia; hemiplegia and ADL score \geq 5; surgical wounds or open lesions with treatment; burns; chemotherapy while a resident; oxygen therapy while a resident; IV medications while a resident; transfusions while a resident; 	17-18	CC2	Signs of Depression	15-16	CE2	Signs of Depression
		17-18	CC1	No Signs of Depression	15-16	CE1	No Signs of Depression
		12-16	CB2	Signs of Depression	11-14	CD2	Signs of Depression
		12-16	CB1	No Signs of Depression	11-14	CD1	No Signs of Depression
		4-11	CA2	Signs of Depression	6-10	CC2	Signs of Depression
		4-11	CA1	No Signs of Depression	6-10	CC1	No Signs of Depression
		Notes: Signs of depression used for end splits are indicated by three or more of any of the following 16 MDS 2.0 mood items (Items at E1) exhibited in the last 30 days: negative statements, repetitive questions, repetitive verbalizations, persistent anger, self-deprecation, unrealistic fears, recurrent statements that something terrible is going to happen, repetitive health complaints, repetitive non-health complaints/concerns, unpleasant mood in morning, insomnia/changes in usual sleep pattern, sad/pained/worried facial expression, crying/tearfulness, repetitive physical movements, withdrawal from activities of interest, and reduced social interaction.		Notes: Signs of depression indicator used for end splits is the same as RUG-III signs of depression for the Clinically Complex category (see column to the left).		Notes: For conversion to MDS 3.0, signs of depression used for end splits; PHQ score in Section D for either the resident interview or staff assessment => 10.	

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III				RUG-IV		
IMPAIRED COGNITION	BEHAVIORAL SYMPTOMS and COGNITIVE PERFORMANCE	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS	
Score on MDS 2.0 Cognitive Performance Scale (CPS) ≥ 3 AND ADL score of 10 or less	Residents having cognitive impairment: BIMS score ≤ 9 or CPS ≥ 3 OR hallucinations OR delusions	6-10	IB2	2 or more nursing rehab services on 6+ days/wk	2-5	BB2	2 or more restorative nursing, 6 or more days/wk	
NOTES: No clinical variables used; CPS score of "6" will be assigned Clinically Complex or PE2-PD1 See Reduced Physical Function for nursing rehab services count	Residents displaying any of the following on 4 or more days over last 7 days: physical behavior symptoms toward others, OR verbal behavioral symptoms toward others, OR other behavioral symptoms, OR rejection of care, OR wandering AND ADL score ≤ 5	6-10	IB1	Less nursing rehab	2-5	BB1	Less restorative nursing	
		4-5	IA2	2 or more nursing rehab services on 6+ days/wk	0-1	BA2	2 or more restorative nursing, 6 or more days/wk	
BEHAVIOR PROBLEMS Wandering, physical abuse, verbal abuse, inappropriate behavior or resisted care on 4+ days/week OR hallucination or delusions AND ADL score of 10 or less		4-5	IA1	Less nursing rehab	0-1	BA1	Less restorative nursing	
		6-10	BB2	2 or more nursing rehab services on 6+ days/wk				
		6-10	BB1	Less nursing rehab				
		4-5	BA2	2 or more nursing rehab services on 6+ days/wk				
		4-5	BA1	Less nursing rehab				
		Notes: Nursing rehab used for end splits See Reduced Physical Function for nursing rehab services count			Notes: Restorative nursing used for end splits See Reduced Physical Function for restorative nursing services count			

MAJOR RUG-III CLASSIFICATION CATEGORY REQUIREMENTS	MAJOR RUG-IV CLASSIFICATION CATEGORY REQUIREMENTS	RUG-III			RUG-IV		
REDUCED PHYSICAL FUNCTION	REDUCED PHYSICAL FUNCTION	ADL	CODES	END SPLITS	ADL	CODES	END SPLITS
Residents whose needs are primarily for activities of daily living and general supervision. Nursing Rehab service count: <ul style="list-style-type: none"> passive and/or active ROM amputation/prosthesis care training splint or brace assistance dressing or grooming training eating or swallowing training transfer training bed mobility and/or walking training communication training scheduled toileting plan and/or bladder retraining program 	Residents whose needs are primarily for activities of daily living and general supervision. Residents not qualifying for other categories Restorative Nursing services: <ul style="list-style-type: none"> passive and/or active ROM; amputation/prosthesis care training; splint and/or brace assistance; dressing and/or grooming training; eating and/or swallowing training; transfer training; bed mobility and/or walking training; communication training; urinary and/or bowel training program 	16-18	PE2	2 or more nursing rehab services on 6+ days/wk	15-16	PE2	2 or more restorative nursing, 6 or more days/wk
		16-18	PE1	Less nursing rehab	15-16	PE1	Less restorative nursing
		11-15	PD2	2 or more nursing rehab services on 6+ days/wk	11-14	PD2	2 or more restorative nursing, 6 or more days/wk
		11-15	PD1	Less nursing rehab	11-14	PD1	Less restorative nursing
		9-10	PC2	2 or more nursing rehab services on 6+ days/wk	6-10	PC2	2 or more restorative nursing, 6 or more days/wk
		9-10	PC1	Less nursing rehab	6-10	PC1	Less restorative nursing
		6-8	PB2	2 or more nursing rehab services on 6+ days/wk	2-5	PB2	2 or more restorative nursing, 6 or more days/wk
		6-8	PB1	Less nursing rehab	2-5	PB1	Less restorative nursing
		4-5	PA2	2 or more nursing rehab services on 6+ days/wk	0-1	PA2	2 or more restorative nursing, 6 or more days/wk
		4-5	PA1	Less nursing rehab	0-1	PA1	Less restorative nursing

Notes: No clinical variables used

Notes: No clinical variables used

University of Southern Maine
Muskie School of Public Service
Residents with Dementia -- RUG III

Roster Date: 10/1/2014

Total Residents: 6002

RUGIII Group	RUGIII Description	Total Residents	With Dementia	Without Dementia	RUG Group % with Dementia	Total Resident % with Dementia
RUC	Rehab UH 16-18	0	0	0	0.00%	0.00%
RUB	Rehab UH 9-15	0	0	0	0.00%	0.00%
RUA	Rehab UH 4-8	0	0	0	0.00%	0.00%
RVC	Rehab VHI 16-18	0	0	0	0.00%	0.00%
RVB	Rehab VHI 9-15	0	0	0	0.00%	0.00%
RVA	Rehab VHI 4-8	0	0	0	0.00%	0.00%
RHC	Rehab HI 13-18	252	90	162	35.71%	1.50%
RHB	Rehab HI 8-12	0	0	0	0.00%	0.00%
RHA	Rehab HI 4-7	0	0	0	0.00%	0.00%
RMC	Rehab MED 15-18	596	275	321	46.14%	4.58%
RMB	Rehab MED 8-14	278	121	157	43.53%	2.02%
RMA	Rehab MED 4-7	80	20	60	25.00%	0.33%
RLB	Rehab LO 14-18	36	23	13	63.89%	0.38%
RLA	Rehab LO 4-13	2	1	1	50.00%	0.02%
SE3	Extensive 3	98	44	54	44.90%	0.73%
SE2	Extensive 2	297	91	206	30.64%	1.52%
SE1	Extensive 1	21	7	14	33.33%	0.12%
SSC	Special 17-18	116	53	63	45.69%	0.88%
SSB	Special 15-16	145	56	89	38.62%	0.93%
SSA	Special 4-14	149	102	47	68.46%	1.70%
CC2	Complex 17-18D	30	22	8	73.33%	0.37%
CC1	Complex 17-18	162	110	52	67.90%	1.83%
CB2	Complex 12-16D	62	32	30	51.61%	0.53%
CB1	Complex 12-16	400	196	204	49.00%	3.27%
CA2	Complex 4-11D	7	2	5	28.57%	0.03%
CA1	Complex 4-11	63	13	50	20.63%	0.22%
IB2	Impaired 6-10N	28	25	3	89.29%	0.42%
IB1	Impaired 6-10	144	134	10	93.06%	2.23%
IA2	Impaired 4-5N	7	6	1	85.71%	0.10%
IA1	Impaired 4-5	38	36	2	94.74%	0.60%
BB2	Behavior 6-10N	2	1	1	50.00%	0.02%
BB1	Behavior 6-10	8	5	3	62.50%	0.08%
BA2	Behavior 4-5N	0	0	0	0.00%	0.00%
BA1	Behavior 4-5	5	1	4	20.00%	0.02%
PE2	Physical 16-18N	386	311	75	80.57%	5.18%
PE1	Physical 16-18	1130	887	243	78.50%	14.78%
PD2	Physical 11-15N	428	320	108	74.77%	5.33%
PD1	Physical 11-15	887	636	251	71.70%	10.60%
PC2	Physical 9-10N	38	27	11	71.05%	0.45%
PC1	Physical 9-10	22	11	11	50.00%	0.18%
PB2	Physical 6-8N	0	0	0	0.00%	0.00%
PB1	Physical 6-8	37	14	23	37.84%	0.23%

University of Southern Maine
Muskie School of Public Service
Residents with Dementia -- RUG III

Roster Date: 10/1/2014

Total Residents: 6002

RUGIII Group	RUGIII Description	Total Residents	With Dementia	Without Dementia	RUG Group % with Dementia	Total Resident % with Dementia
PA2	Physical 4-5N	5	1	4	20.00%	0.02%
PA1	Physical 4-5	43	16	27	37.21%	0.27%
BC1	Not Classified	0	0	0	0.00%	0.00%
Total		6002	3689	2313		61.46%

University of Southern Maine
 Muskie School of Public Service
 Residents with Dementia Case Mix -- RUG IV
 Roster Date: 10/1/2014 Total Residents: 6002

RUG IV Group	RUG IV Description	Total Residents		RUG Group %		Total Resident % with Dementia
		With Dementia	Without Dementia	with Dementia	Without Dementia	
RUX	Rehab Ultra High + Extensive 11-16	1	0	1	0.00%	0.00%
RUL	Rehab Ultra High + Extensive 2-10	0	0	0	0.00%	0.00%
RVX	Rehab Very High + Extensive 11-16	1	0	1	0.00%	0.00%
RVL	Rehab Very High + Extensive 2-10	2	0	2	0.00%	0.00%
RHX	Rehab High + Extensive 11-16	0	0	0	0.00%	0.00%
RHL	Rehab High + Extensive 2-10	0	0	0	0.00%	0.00%
RMX	Rehab Medium + Extensive 11-16	1	0	1	0.00%	0.00%
RML	Rehab Medium + Extensive 2-10	0	0	0	0.00%	0.00%
RLX	Rehab Low + Extensive 2-16	0	0	0	0.00%	0.00%
RUC	Rehab Ultra High 11-16	169	55	114	32.54%	0.92%
RUB	Rehab Ultra High 6-10	211	50	161	23.70%	0.83%
RUA	Rehab Ultra High 0-5	0	0	0	0.00%	0.00%
RVC	Rehab Very High 11-16	123	50	73	40.65%	0.83%
RVB	Rehab Very High 6-10	0	0	0	0.00%	0.00%
RVA	Rehab Very High 0-5	204	49	155	24.02%	0.82%
RHC	Rehab High 11-16	62	31	31	50.00%	0.52%
RHB	Rehab High 6-10	2	2	0	100.00%	0.03%
RHA	Rehab High 0-5	41	10	31	24.39%	0.17%
RMC	Rehab Medium 11-16	133	84	49	63.16%	1.40%
RMB	Rehab Medium 6-10	368	174	194	47.28%	2.90%
RMA	Rehab Medium 0-5	36	17	19	47.22%	0.28%
RLB	Rehab Low 11-16	55	28	27	50.91%	0.47%
RLA	Rehab Low 0-10	2	1	1	50.00%	0.02%
ES3	Extensive 3	2	0	2	0.00%	0.00%
ES2	Extensive 2	7	0	7	0.00%	0.00%
ES1	Extensive 1	1	0	1	0.00%	0.00%
HE2	Special Care High 15-16 Depression	8	6	2	75.00%	0.10%
HE1	Special Care High 15-16	41	18	23	43.90%	0.30%

University of Southern Maine
Muskie School of Public Service
Residents with Dementia Case Mix -- RUG IV
Roster Date: 10/1/2014 Total Residents: 6002

RUG IV Group	RUG IV Description	Total Residents			RUG Group %		Total Resident	
		Residents	With Dementia	Without Dementia	with Dementia	% with Dementia	% with Dementia	
HD2	Special Care High 11-14 Depression	14	4	10	28.57%	0.07%		
HD1	Special Care High 11-14	80	41	39	51.25%	0.68%		
HC2	Special Care High 6-10 Depression	9	1	8	11.11%	0.02%		
HC1	Special Care High 6-10	85	37	48	43.53%	0.62%		
HB2	Special Care High 2-5 Depression	4	0	4	0.00%	0.00%		
HB1	Special Care High 2-5	29	12	17	41.38%	0.20%		
LE2	Special Care Low 15-16 Depression	22	16	6	72.73%	0.27%		
LE1	Special Care Low 15-16	125	76	49	60.80%	1.27%		
LD2	Special Care Low 11-14 Depression	19	10	9	52.63%	0.17%		
LD1	Special Care Low 11-14	188	97	91	51.60%	1.62%		
LC2	Special Care Low 6-10 Depression	20	12	8	60.00%	0.20%		
LC1	Special Care Low 6-10	184	89	95	48.37%	1.48%		
LB2	Special Care Low 2-5 Depression	1	1	0	100.00%	0.02%		
LB1	Special Care Low 2-5	28	11	17	39.29%	0.18%		
CE2	Clinically Complex 15-16 Depression	9	8	1	88.89%	0.13%		
CE1	Clinically Complex 15-16	67	41	26	61.19%	0.68%		
CD2	Clinically Complex 11-14 Depression	17	8	9	47.06%	0.13%		
CD1	Clinically Complex 11-14	197	96	101	48.73%	1.60%		
CC2	Clinically Complex 6-10 Depression	24	10	14	41.67%	0.17%		
CC1	Clinically Complex 6-10	232	112	120	48.28%	1.87%		
CB2	Clinically Complex 2-5 Depression	3	1	2	33.33%	0.02%		
CB1	Clinically Complex 2-5	42	14	28	33.33%	0.23%		
CA2	Clinically Complex 0-1 Depression	1	0	1	0.00%	0.00%		
CA1	Clinically Complex 0-1	46	7	39	15.22%	0.12%		
BB2	Behavioral & Cog Perf 2-5 RN Rehab	79	66	13	83.54%	1.10%		
BB1	Behavioral & Cog Perf 2-5	206	185	21	89.81%	3.08%		
BA2	Behavioral & Cog Perf 0-1 RN Rehab	15	13	2	86.67%	0.22%		
BA1	Behavioral & Cog Perf 0-1	66	57	9	86.36%	0.95%		

University of Southern Maine
 Muskie School of Public Service
 Residents with Dementia Case Mix -- RUG IV
 Roster Date: 10/1/2014 Total Residents: 6002

RUG IV Group	RUG IV Description	Total Residents	With Dementia	Without Dementia	RUG Group % with Dementia	Total Resident % with Dementia
PE2	Physical 15-16 RN Rehab	114	104	10	91.23%	1.73%
PE1	Physical 15-16	422	382	40	90.52%	6.36%
PD2	Physical 11-14 RN Rehab	218	176	42	80.73%	2.93%
PD1	Physical 11-14	624	470	154	75.32%	7.83%
PC2	Physical 6-10 RN Rehab	376	275	101	73.14%	4.58%
PC1	Physical 6-10	791	554	237	70.04%	9.23%
PB2	Physical 2-5 RN Rehab	32	16	16	50.00%	0.27%
PB1	Physical 2-5	81	34	47	41.98%	0.57%
PA2	Physical 0-1 RN Rehab	8	1	7	12.50%	0.02%
PA1	Physical 0-1	54	22	32	40.74%	0.37%
AAA	Not Classified	0	0	0	0.00%	0.00%
Total		6002	3634	2368		60.55%

RUG IV CMI's from RUG-IV V1.00 CMI Documentation provided with
 RUG IV grouper package (dated 5/24/2010)
 Calculation of RUG IV groups uses the RUG IV grouper dll provided by CMS

University of Southern Maine

Muskie School of Public Service

Residents with Dementia -- RUG III

Roster Date: 10/1/2014

Total Residents: 6002

RUGIII Group	RUGIII Description	Total Residents	With Dementia	Without Dementia	Percent of Dementia Residents	Total Resident % with Dementia
RUC	Rehab UH 16-18	0	0	0	0.00%	0.00%
RUB	Rehab UH 9-15	0	0	0	0.00%	0.00%
RUA	Rehab UH 4-8	0	0	0	0.00%	0.00%
RVC	Rehab VHI 16-18	0	0	0	0.00%	0.00%
RVB	Rehab VHI 9-15	0	0	0	0.00%	0.00%
RVA	Rehab VHI 4-8	0	0	0	0.00%	0.00%
RHC	Rehab HI 13-18	252	90	162	2.44%	1.50%
RHB	Rehab HI 8-12	0	0	0	0.00%	0.00%
RHA	Rehab HI 4-7	0	0	0	0.00%	0.00%
RMC	Rehab MED 15-18	596	275	321	7.45%	4.58%
RMB	Rehab MED 8-14	278	121	157	3.28%	2.02%
RMA	Rehab MED 4-7	80	20	60	0.54%	0.33%
RLB	Rehab LO 14-18	36	23	13	0.62%	0.38%
RLA	Rehab LO 4-13	2	1	1	0.03%	0.02%
SE3	Extensive 3	98	44	54	1.19%	0.73%
SE2	Extensive 2	297	91	206	2.47%	1.52%
SE1	Extensive 1	21	7	14	0.19%	0.12%
SSC	Special 17-18	116	53	63	1.44%	0.88%
SSB	Special 15-16	145	56	89	1.52%	0.93%
SSA	Special 4-14	149	102	47	2.76%	1.70%
CC2	Complex 17-18D	30	22	8	0.60%	0.37%
CC1	Complex 17-18	162	110	52	2.98%	1.83%
CB2	Complex 12-16D	62	32	30	0.87%	0.53%
CB1	Complex 12-16	400	196	204	5.31%	3.27%
CA2	Complex 4-11D	7	2	5	0.05%	0.03%
CA1	Complex 4-11	63	13	50	0.35%	0.22%
IB2	Impaired 6-10N	28	25	3	0.68%	0.42%
IB1	Impaired 6-10	144	134	10	3.63%	2.23%
IA2	Impaired 4-5N	7	6	1	0.16%	0.10%
IA1	Impaired 4-5	38	36	2	0.98%	0.60%
BB2	Behavior 6-10N	2	1	1	0.03%	0.02%
BB1	Behavior 6-10	8	5	3	0.14%	0.08%
BA2	Behavior 4-5N	0	0	0	0.00%	0.00%
BA1	Behavior 4-5	5	1	4	0.03%	0.02%
PE2	Physical 16-18N	386	311	75	8.43%	5.18%
PE1	Physical 16-18	1130	887	243	24.04%	14.78%
PD2	Physical 11-15N	428	320	108	8.67%	5.33%
PD1	Physical 11-15	887	636	251	17.24%	10.60%
PC2	Physical 9-10N	38	27	11	0.73%	0.45%
PC1	Physical 9-10	22	11	11	0.30%	0.18%
PB2	Physical 6-8N	0	0	0	0.00%	0.00%
PB1	Physical 6-8	37	14	23	0.38%	0.23%

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Residents with Dementia -- RUG III

Roster Date: 10/1/2014

Total Residents: 6002

RUGIII Group	RUGIII Description	Total Residents	With Dementia	Without Dementia	Percent of Dementia Residents	Total Resident % with Dementia
PA2	Physical 4-5N	5	1	4	0.03%	0.02%
PA1	Physical 4-5	43	16	27	0.43%	0.27%
BC1	Not Classified	0	0	0	0.00%	0.00%
	Total	6002	3689	2313		61.46%

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Residents with Dementia Case Mix -- RUG IV

Roster Date: 10/1/2014

Total Residents: 6002

RUGIV Group	RUGIV Description	Total Residents	With Dementia	Without Dementia	Percent of Dementia Residents	Total Resident % with Dementia
RUX	Rehab Ultra High + Extensive 11-16	1	0	1	0.00%	0.00%
RUL	Rehab Ultra High + Extensive 2-10	0	0	0	0.00%	0.00%
RVX	Rehab Very High + Extensive 11-16	1	0	1	0.00%	0.00%
RVL	Rehab Very High + Extensive 2-10	2	0	2	0.00%	0.00%
RHX	Rehab High + Extensive 11-16	0	0	0	0.00%	0.00%
RHL	Rehab High + Extensive 2-10	0	0	0	0.00%	0.00%
RMX	Rehab Medium + Extensive 11-16	1	0	1	0.00%	0.00%
RML	Rehab Medium + Extensive 2-10	0	0	0	0.00%	0.00%
RLX	Rehab Low + Extensive 2-16	0	0	0	0.00%	0.00%
RUC	Rehab Ultra High 11-16	169	55	114	1.51%	0.92%
RUB	Rehab Ultra High 6-10	211	50	161	1.38%	0.83%
RUA	Rehab Ultra High 0-5	0	0	0	0.00%	0.00%
RVC	Rehab Very High 11-16	123	50	73	1.38%	0.83%
RVB	Rehab Very High 6-10	0	0	0	0.00%	0.00%
RVA	Rehab Very High 0-5	204	49	155	1.35%	0.82%
RHC	Rehab High 11-16	62	31	31	0.85%	0.52%
RHB	Rehab High 6-10	2	2	0	0.06%	0.03%
RHA	Rehab High 0-5	41	10	31	0.28%	0.17%
RMC	Rehab Medium 11-16	133	84	49	2.31%	1.40%
RMB	Rehab Medium 6-10	368	174	194	4.79%	2.90%
RMA	Rehab Medium 0-5	36	17	19	0.47%	0.28%
RLB	Rehab Low 11-16	55	28	27	0.77%	0.47%
RLA	Rehab Low 0-10	2	1	1	0.03%	0.02%
ES3	Extensive 3	2	0	2	0.00%	0.00%
ES2	Extensive 2	7	0	7	0.00%	0.00%
ES1	Extensive 1	1	0	1	0.00%	0.00%
HE2	Special Care High 15-16 Depression	8	6	2	0.17%	0.10%
HE1	Special Care High 15-16	41	18	23	0.50%	0.30%
HD2	Special Care High 11-14 Depression	14	4	10	0.11%	0.07%
HD1	Special Care High 11-14	80	41	39	1.13%	0.68%
HC2	Special Care High 6-10 Depression	9	1	8	0.03%	0.02%
HC1	Special Care High 6-10	85	37	48	1.02%	0.62%
HB2	Special Care High 2-5 Depression	4	0	4	0.00%	0.00%
HB1	Special Care High 2-5	29	12	17	0.33%	0.20%
LE2	Special Care Low 15-16 Depression	22	16	6	0.44%	0.27%
LE1	Special Care Low 15-16	125	76	49	2.09%	1.27%
LD2	Special Care Low 11-14 Depression	19	10	9	0.28%	0.17%
LD1	Special Care Low 11-14	188	97	91	2.67%	1.62%
LC2	Special Care Low 6-10 Depression	20	12	8	0.33%	0.20%

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Residents with Dementia Case Mix -- RUG IV

Roster Date: 10/1/2014

Total Residents: 6002

RUGIV Group	RUGIV Description	Total Residents	With Dementia	Without Dementia	Percent of Dementia Residents	Total Resident % with Dementia
LC1	Special Care Low 6-10	184	89	95	2.45%	1.48%
LB2	Special Care Low 2-5 Depression	1	1	0	0.03%	0.02%
LB1	Special Care Low 2-5	28	11	17	0.30%	0.18%
CE2	Clinically Complex 15-16 Depression	9	8	1	0.22%	0.13%
CE1	Clinically Complex 15-16	67	41	26	1.13%	0.68%
CD2	Clinically Complex 11-14 Depression	17	8	9	0.22%	0.13%
CD1	Clinically Complex 11-14	197	96	101	2.64%	1.60%
CC2	Clinically Complex 6-10 Depression	24	10	14	0.28%	0.17%
CC1	Clinically Complex 6-10	232	112	120	3.08%	1.87%
CB2	Clinically Complex 2-5 Depression	3	1	2	0.03%	0.02%
CB1	Clinically Complex 2-5	42	14	28	0.39%	0.23%
CA2	Clinically Complex 0-1 Depression	1	0	1	0.00%	0.00%
CA1	Clinically Complex 0-1	46	7	39	0.19%	0.12%
BB2	Behavioral & Cog Perf 2-5 RN Rehab	79	66	13	1.82%	1.10%
BB1	Behavioral & Cog Perf 2-5	206	185	21	5.09%	3.08%
BA2	Behavioral & Cog Perf 0-1 RN Rehab	15	13	2	0.36%	0.22%
BA1	Behavioral & Cog Perf 0-1	66	57	9	1.57%	0.95%
PE2	Physical 15-16 RN Rehab	114	104	10	2.86%	1.73%
PE1	Physical 15-16	422	382	40	10.51%	6.36%
PD2	Physical 11-14 RN Rehab	218	176	42	4.84%	2.93%
PD1	Physical 11-14	624	470	154	12.93%	7.83%
PC2	Physical 6-10 RN Rehab	376	275	101	7.57%	4.58%
PC1	Physical 6-10	791	554	237	15.24%	9.23%
PB2	Physical 2-5 RN Rehab	32	16	16	0.44%	0.27%
PB1	Physical 2-5	81	34	47	0.94%	0.57%
PA2	Physical 0-1 RN Rehab	8	1	7	0.03%	0.02%
PA1	Physical 0-1	54	22	32	0.61%	0.37%
AAA	Not Classified	0	0	0	0.00%	0.00%
	Total	6002	3634	2368	100.00%	60.55%
	RUG IV CMI's from RUG-IV V1.00 CMI Documentation provided with RUG IV grouper package (dated 5/24/2010)					
	Calculation of RUG IV groups uses the RUG IV grouper dll provided by CMS					