

Case Mix #3

Medicaid

RUG-IV 48-Grouper



Effective 2.1.18

RUG	ADL	End Split	CMI	Qualifiers	MDS 3.0	
	Extensive Services					
ES3	≥ 2	none	3.00	Residents receiving the following complex clinical care: Tracheostomy care (while a resident) And Ventilator / Respirator (while a resident)	O0100E2 O0100F2	
ES2	≥ 2	none	2.23	 Tracheostomy care (while a resident) Or Ventilator / Respirator (while a resident) 	O0100E2 O0100E2	
ES1	≥ 2	none	2.22	Isolation for active infectious disease (while a resident)	O0100M 2	
	Rehabilitation					
RAE RAD RAC RAB RAA	15-16 11-14 6-10 2-5 0-1	none	1.65 1.58 1.36 1.10 0.82	 Residents receiving the following Rehabilitation/Restorative Services: 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days AND at least 2 nursing rehabilitation services (* See nursing restorative qualification description in this document. 2 or more Restorative Services 6+ days) 	O, A,B,C, 1,2,3,4	



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RUG	ADL	Depre- ssion	CMI	Qualifiers	MDS 3.0
				Special Care High	
HE2 HE1	15-16 15-16	Y N	1.88 1.47	Residents receiving the following complex clinical care or with a following medical condition:	B, B0100 I, I2100 I, I2900;
HD2 HD1	11-14 11-14	Y N	1.69 1.33	 Comatose and completely ADL dependent Septicemia Diabetes with daily injections requiring physician order changes on 2 or more days Quadriplegia and ADL score ≥ 5 	Section N, N0350,A I, I5100 I, I6200
HC2 HC1	6-10 6-10	Y N	1.57 1.23	 Chronic obstructive pulmonary disease and shortness of breath when lying flat Fever with Pneumonia Vomiting 	J, J1550,A I, I2000 J, J1550,B
HB2 HB1	2-5 2-5	Y N	1.55 1.22	 Feeding tube Weight loss Parenteral/IV feedings Respiratory therapy for 7 days AND ADL score ≥ 2 Notes: Signs of depression used for end splits; PHQ score ≥ 10 	K, K0500,B K, K0300 K, K0500,A O, O0400,D
LE2	15-16	Υ	1.61	Special Care Low Residents receiving the following complex clinical care or with a following medical	1, 14400
LE2	15-16	Y N	1.61	condition:	I, I5200 I, I5300
LD2 LD1	11-14 11-14	Y N	1.54 1.21	 Cerebral palsy and ADL score ≥ 5 Multiple sclerosis and ADL score ≥ 5 Parkinson's disease and ADL score ≥ 5 Feeding tube (calories ≥ 51% or calories = 26-50% and fluid ≥ 501 cc) 	K, K0700,A, B, M
LC2 LC1	6-10 6-10	Y N	1.30 1.02	 Ulcers with 2 or more skin treatments 2 or more stage II 1 or more stage III or IV pressure ulcers Unstageable secondary to slough/eschar 	M0800,A M, M0800,B ,C M,
LB2 LB1	2-5 2-5	Y N	1.21 0.95	 2 or more venous/arterial ulcers OR 1 stage II pressure ulcer AND 1 venous/arterial ulcer Foot infection, diabetic foot ulcer or open lesions on the foot with treatment Radiation therapy while a resident Respiratory failure and oxygen therapy while a resident Dialysis while a resident And ADL score ≥ 2 Notes: Signs of depression used for end splits; PHQ score≥ 10 	M1030 M, M- 0800,A M, M1030 M, M1040,A ,C O, 00100,B, 2 I, I6300 O,00100 C O, 00100,J,



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RUG	ADL	Depre- ssion	СМІ	Qualifiers	MDS 3.0	
	Clinically Complex					
CE2 CE1	15-16 15-16	Yes No	1.39 1.25	Residents with Extensive Services, Special Care High or Special Care Low qualifier: And ADL score = 0-1	I, I2000 I, I4900 M, M1040,E	
CD2 CD1	11-14 11-14	Yes No	1.29 1.15	Or Residents with any one of the following clinically complex qualifiers: • Pneumonia • Hemiplegia and ADL score ≥ 5	M, M1040,F O, O0100,A,	
CC2 CC1	6-10 6-10	Yes No	1.08 0.96	 Surgical wounds or open lesions with treatment Burns Chemotherapy while a resident Oxygen while a resident 	2 O, O0100,C, 2 O,	
CB2 CB1	2-5 2-5	Yes No	0.95 0.85	 IV medications while a resident Transfusions while a resident 	O0100,H, 2 O, O0100,I,	
CA2 CA1	0-1 0-1	Yes No	0.73 0.65	Notes: Signs of depression used for end splits: PHQ score ≥ 10	2	
RUG	ADL	Restor- ative	СМІ	Qualifiers	MDS 3.0	
			В	ehavioral Symptoms and Cognitive Performance		
BB2	2-5	*	0.81	Residents having cognitive impairment BIMS score ≤ 9 or CPS ≥ 3	C E0100A	
BB1	2-5	**	0.75	Hallucinations or delusions Or	E0100B E,	
BA2	0-1	*	0.58	Residents displaying any of the following on 4 or more days over last 7 days:	E0200,A, B,C	
BA1	0-1	**	0.53	 Physical or verbal behavioral symptoms toward others Other behavioral symptoms Rejection of care Wandering	E, E0300,1 E, E0900	



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RUG	ADL	Restor- ative	CMI	Qualifiers	MDS 3.0	
		utive			3.0	
	Reduced Physical Functioning					
PE2 PE1	15-16 15-16	*	1.25 1.17	Residents whose needs are primarily for activities of daily living and general supervision.	O, 0500,A-J H,	
PD2 PD1	11-14 11-14	* **	1.15 1.06	 Residents not qualifying for other categories Restorative nursing services: Urinary and/or bowel training program 	H0200/H 0500	
PC2 PC1	6-10 6-10	* **	0.91 0.85	 Passive and/or active ROM Amputation/prosthesis care training Splint or brace assistance 		
PB2 PB1	2-5 2-5	*	0.70 0.65	 Dressing or grooming training Eating or swallowing training Transfer training 		
PA2 PA1	0-1 0-1	*	0.49 0.45	 Bed mobility and/or walking training Communication training Notes: No clinical variables used 		
				* 2 or more Restorative Services 6+ days ** Less Restorative Nursing		