

RUG	ADL	CMI	Qualifiers	MDS 3.0
Rehabilitation				
RAD	17-18	2.330	<ul style="list-style-type: none"> 5 days of Rehabilitation combination of any 3 therapies Minimal total of 150 minutes 5 distinct calendar days of therapy to qualify 	O0400, A, B, C or D
RAC	14-16	1.975		
RAB	9-13	1.807		
RAA	4-8	1.501		
Extensive Services				
Extensive Services		<p>Extensive Services Count: (Suctioning/Tracheostomy/Respirator captures category but 0 points) Score 1 point each</p> <ul style="list-style-type: none"> IV Fluids IV Medication Special Care Clinically Complex Impaired Cognition 		
SE3	>6	2.896	<ul style="list-style-type: none"> IVF (7 day look back) IV medication (14 day look back) Suctioning/Trach/Respirator (14 day look back) ADL score greater than or equal to 7 	K0510A, 1 or 2 O0100D, 1 or 2 O0100E, 1 or 2 O0100F, 1 or 2 O0100H, 1 or 2
SE2	>6	2.362		
SE1	>6	1.982		
Special Care				
SSC	17-18	1.915	<ul style="list-style-type: none"> CP, MS, Quad (ADL score must be greater than or equal to 10) Tube feeding w/aphasia Ulcers 2+ sites all stages OR any stage 3 or 4 with 2+ treatments Surgical wound or open lesion with 1 or more treatments Radiation Therapy Respiratory therapy for 7 days at least 15 minutes per day <p>Fever (2.4°F above baseline) with:</p> <ul style="list-style-type: none"> Pneumonia Dehydration Vomiting Weight Loss (5% -3 Mo or 10% In 6 Mo) Tube Feeding <p>(If ADL score is below 7, becomes a Clinically Complex Category)</p>	I4400 I5100 I5200 J1550A I2000 J1550B J1550C K0300 K0510B K0510B, 1 or 2, I4300 K0710A3 or K0710A3 and K0710B3 M0300A, B1 and M1030 M0300C1,D1,F1 M1200A, B
SSB	15-16	1.771		
SSA	7-14	1.743		

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Clinically Complex						
*CC2 CC1 *CB2 CB1 *CA2 CA1	17-18 17-18 12-16 12-16 4-11 4-11	1.454 1.337 1.272 1.177 1.064 0.953	<ul style="list-style-type: none"> • Hemiplegia • Dehydration • Burns • Transfusions • Coma, not awake and completely ADL dependent • Septicemia • Tube Feeding • Oxygen <p>(*PHQ-9 Depression Indicator)</p>	<ul style="list-style-type: none"> • Pneumonia • Internal Bleeding • Dialysis • Chemotherapy • DM with 7 days of injections and 2 days of MD order changes • Foot lesions or infection with treatment 	<ul style="list-style-type: none"> • MD Orders and Visits in the last 14 days: <ul style="list-style-type: none"> ◊ 2 days of MD visits and 2 days of MD order changes ◊ 1 day of MD visits and 4 days of MD order changes. 	B0100 I2000 I2000 I2900 and N0300 and O0700 I4900 J1550C J1550D K0510B M1040A and M1200I M1040B, C and M1200I M1040F O0100C O0100C O0100I O0100J O0600, O0700
Impaired Cognition (BIMS)						
IB2 IB1 IA2 IA1	6-10 6-10 4-5 4-5	1.082 0.957 0.777 0.703	<ul style="list-style-type: none"> • CPS Score ≥ 3 with ADL ≤ 10 from MDS items: • Coma • Short Term Memory Loss • Impaired Daily Decision Making • Making Self Understood • Eating Self -Performance <p>2 = Nursing Rehab Services (Must be a formal program)</p>	C0200 C0300A, B, C C0400A, B, C C0500 B0100 C1000 B0700 C0700 C1000 B0700 C1000		
Behavior Problems						
BB2 BB1 BA2 BA1	6-10 6-10 4-5 4-5	1.401 0.883 0.750 0.612	<ul style="list-style-type: none"> • ADL ≤ 10 with one of the following over the last 7 days: • Wandering • Verbal Abuse • Physical Abuse • Inappropriate Behavior • Resists Care • Delusions • Hallucinations <p>2 = Nursing Rehab Services (Must be a formal program)</p>	E0100A E0100B E0200A E0200B E0200C E0800 E0900		

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Reduced Physical Functioning					
PE2	16-18	1.212	<p>Any assessment that does not meet any of the prior criteria or had a match in Impaired Cognition or Behavior Problems with an ADL score of 11 or more will classify in Reduced Physical Function.</p> <p>Two or more Restorative Nursing Programs</p> <p>Restorative Nursing Programs</p> <ul style="list-style-type: none"> • Current urinary toileting program**** • Current bowel toileting program**** • Range of motion (passive)**** • Range of motion (active)**** • Splint or brace assistance • Bed mobility**** • Transfer • Walking**** • Dressing and/or grooming • Eating and/or swallowing • Amputation/prostheses care • Communication <p>****Count as one service (H0200C and H0500; O0500A and B; O0500D and F) even if both are provided</p> <p>Restorative Nursing Program Criteria:</p> <ul style="list-style-type: none"> • Measurable objectives and interventions must be documented in the care plan and in the clinical record • Evidence of periodic evaluation by licensed nurse during observation period must be present in the clinical record • Nurse assistant/aides must be trained in the techniques that promote resident involvement in the activity • These activities are carried out or supervised by members of the nursing staff • This category does not include exercise groups with more than four residents per supervising helper or caregiver 	<p>H0200C****</p> <p>H0500****</p> <p>O0500A****</p> <p>O0500B****</p> <p>O0500C</p> <p>O0500D****</p> <p>O0500E</p> <p>O0500F****</p> <p>O0500G</p> <p>O0500H</p> <p>O0500I</p> <p>O0500J</p>	
PE1	16-18	1.077			
PD2	11-15	1.117			
PD1	11-15	0.990			
PC2	9-10	0.956			
PC1	9-10	0.865			
PB2	6-8	0.841			
PB1	6-8	0.749			
PA2	4-5	0.637			
PA1	4-5	0.575			