

### Case Mix #3







	ADL					
RUG Level	Score	Requirements	MDS 3.0 Section			
	Rehabilitation					
RAD RAC RAB RAA	17-18 14-16 10-13 4-9	Received one of the following services with ADL = 4-18 Criteria #1  • 150 minutes or more (total) of therapy • At least 5 days of any combination OR Criteria #2  • 45 minutes or more (total) of therapy • At least 3 days of any combination • At least 2 Restorative Nursing Programs, each administered for at least 15 minutes, each for 6 or more days	O0400A,B,C O0400A,B,C O0500A-J			
DUG L	ADL		14DC 0 0 0			
RUG Level	Score	Requirements	MDS 3.0 Section			
CEO		Extensive Services				
SE3 SE2 SE1	4-5 2-3 0-1	Received one of the following services with ADL sum ≥ 7:  1. Parental/IV  2. Suctioning  3. Tracheostomy Care  4. Ventilator or Respirator  5. IV Medication  • Evaluate for Special Care, Clinically Complex, Impaired cognition for the total Extensive Services count	K0510A, 1 or 2 O0100D, 1 or 2 O0100E, 1 or 2 O0100F, 1 or 2 O0100H, 1 or 2			



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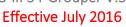


	ADL		
RUG Level	Score	Requirements	MDS 3.0 Section
		SPECIAL CARE	
SSC SSB SSA	17-18 15-16 7-14	Any one of the following services received with  ADL sum ≥ 7:  1. Cerebral Palsy, ADL sum ≥ 10  2. Quadriplegic, ADL sum ≥ 10  3. Multiple Sclerosis, ADL sum ≥ 10  4. Fever and 1 of the following:  - Pneumonia  - Vomiting  - Dehydration  - Weight Loss  - Feeding Tube*	14400   15100   15200   J1550A   12000   J1550B   J1550C   K0300   K0510B
		<ul> <li>Feeding Tube* and aphasia         Feeding Tube classification must include:         <ol> <li>51% or more calories OR</li> <li>26-50% calories and 501 cc or more per day enteral/parenteral intake</li> </ol> </li> <li>Ulcers (2+ sites over all stages) with 2 or more skin treatments</li> <li>Any stage 3 or 4 pressure ulcer with 2 or more skin treatments         <ol> <li>Pressure relieving device chair/bed*                 *Count as 1 even if both provided</li> <li>Turning/repositioning program</li> <li>Nutrition or hydration intervention to manage skin problems</li> <li>Pressure ulcer care</li> </ol> </li> </ul>	K0510B, 1 or 2, I4300  K0710A3 or  K0710A3 and K0710B3  M0300A, B1 and  M1030  M0300C1, D1, and F1  M1200A, B  M1200C  M1200D  M1200E
		<ul> <li>Application of non-surgical dressings other than to feet</li> <li>Application of ointment/medication other than to feet</li> <li>Open lesions with 1 or more treatments</li> <li>Surgical wounds including 1 or more treatments</li> <li>Surgical wound care</li> <li>Application of non-surgical dressings other than to feet</li> <li>Application of non-surgical dressings other than to feet</li> <li>Radiation Treatments</li> <li>Respiratory therapy = 7 days</li> </ul>	M1200G M1200H M104D M1040E M1200F M1200G M1200H O0100B O0400D



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RUG Level	Sad Mood	Score	Requirements	MDS 3.0 Section
			CLINICALLY COMPLEX	
			Any one of the following:	
CC2	Yes	17-18	1. Coma and ADL performance = 4 or 8	B0100
CC1	No	17-18	OR	
CB2	Yes	12-16	2. Pneumonia	12000
CB1	No	12-16	3. Septicemia	12000
CA2	Yes	4-11	4. Diabetes and Injections=7 days and	12900 and N0300 and
CA1	No	4-11	Physician Order Changes  5. Hemiplegia/Hemiparesis with ADLS	00700
			> 10	14900
			6. Dehydration	14500
			7. Internal Bleeding	J1550C
			8. Feeding Tube	J1550D
			9. Infection of the foot with application	K0510B
			of dressing	M1040A and M1200I
			10. Diabetic foot ulcer/open lesions on	
			the foot with application of dressing	M1040B, C and
			11. Burns	M1200I
			12. Chemotherapy	N41040F
			13. Oxygen therapy 14. Transfusions	M1040F O0100C
			14. Transtusions 15. Dialysis	00100C 00100C
			16. Number of days in last 14, Physician	001000
			visit or physician order changes:	O0100J
			<ul> <li>Visits &gt; 1 day and order changes ≥ 4</li> </ul>	00600, 00700
			days or	,
			- Visits > 2 days and order changes <u>&gt;</u> 2	
			days	
			PHQ-9 score of 10 or greater is	
			considered depressed OR	
			PH-9-OV score of 10 or greater is	D0300 or
			considered depressed	D0600
_		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
			IMPAIRED COGNITION (BIMS)	
			Cognitive Performance Scale score ≥ 3, ADL	
			index < 10. CPS considered 5 MDS items:	C0200
1B2	2+	6-10	Repetition of three words     Temporal Orientation	C0200 C0300A, B, C
1B2 1B1	0-1	6-10	Temporal Orientation     Recall	C0300A, B, C
1A2	2+	4-5	BIMs score range 0-15	C0500
1A1	0-1	4-5	Score of 9 or less = cognitively	
· ·-	_	_	impaired	
			• Score of 10 or higher =	
			cognitively intact	
			Two or more Restorative	
			Nursing Programs	



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Effective Sury 2010				
IMPAIRED COGNITION				
		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
			Cognitive Performance Scale score ≥ 3, ADL	
1B2	2+	6-10	index < 10. CPS considered 5 MDS items:	
1B2	0-1	6-10	1. Coma and ADL self-performance 4	B0100
1A2	2+	4-5	or 8 OR	
1A1	0-1	4-5	Severely impaired decision making skills	C1000
			Two or more of the following indicators are present	
			>0 problem making self understood	B0700
			= 1 short term memory problem	C0700
			> 0 impaired decision-making skills and	C1000
			One or more of the following	
			severe impairment indicators are	
			present	
			• >=2	B0700
			• >=2	C1000
			<ul> <li>Two or more Restorative Nursing</li> </ul>	
			Programs	
			BEHAVIOR PROBLEMS	
		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
			Any of the following behaviors occurred on 4	
			or more of the last 7 days, ADL index ≤ 10:	
			1. Hallucinations	E0100A
BB2	2+	6-10	2. Delusions	E0100B
BB1	0-1	6-10	<ol><li>Physical behavior symptoms 4 or</li></ol>	E0200A
BA2	2+	4-5	more days	
BA1	0-1	4-5	4. Verbal behavior symptoms 4 or more	E0200B
			5. Other behavior symptoms	E0200C
			6. Rejection of Care 4 or more days	E0800
			7. Wandering 4 or more days	E0900
			<ul> <li>Two or more Restorative Nursing</li> </ul>	
			Programs	



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REDUCED PHYSICAL FUNCTIONING				
		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1	2+ 0-1 2+ 0-1 2+ 0-1 2+ 0-1	16-18 16-18 11-15 11-15 9-10 9-10 6-8 6-8 4-5 4-5	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.  Two or more Restorative Nursing Programs  Restorative Nursing Programs  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  ****Count as one service (H0200C and H0500; 00500A and B; 00500D and F) even if both are provided  Restorative Nursing Program Criteria:  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	H0200C**** H0500**** O0500A**** O0500B**** O0500C O0500D**** O0500E O0500F**** O0500G O0500H O0500I O0500J