

State of Colorado  
Classification Grid  
RUG-III 34-Grouper, V.5.20

RUG Level	ADL Score	Requirements	MDS 3.0 Section
<b>Rehabilitation</b>			
RAD RAC RAB RAA	17-18 14-16 10-13 4-9	<p>Received one of the following services with ADL = 4-18</p> <p>Criteria #1</p> <ul style="list-style-type: none"> <li>150 minutes or more (total) of therapy</li> <li>At least 5 days of any combination</li> </ul> <p>OR</p> <p>Criteria #2</p> <ul style="list-style-type: none"> <li>45 minutes or more (total) of therapy</li> <li>At least 3 days of any combination</li> <li>At least 2 Restorative Nursing Programs, each administered for at least 15 minutes, each for 6 or more days</li> </ul>	O0400A,B,C  O0400A,B,C O0500A-J
RUG Level	ADL Score	Requirements	MDS 3.0 Section
<b>Extensive Services</b>			
SE3 SE2 SE1	4-5 2-3 0-1	<p>Received one of the following services with ADL sum <math>\geq</math> 7:</p> <ol style="list-style-type: none"> <li>Parental/IV</li> <li>Suctioning</li> <li>Tracheostomy Care</li> <li>Ventilator or Respirator</li> <li>IV Medication</li> </ol> <ul style="list-style-type: none"> <li>Evaluate for Special Care, Clinically Complex, Impaired cognition for the total Extensive Services count</li> </ul>	K0510A, 1 or 2 O0100D, 1 or 2 O0100E, 1 or 2 O0100F, 1 or 2 O0100H, 1 or 2

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<b>SPECIAL CARE</b>			
SSC	17-18	<p><i>Any one of the following services received with ADL sum <math>\geq</math> 7:</i></p> <ol style="list-style-type: none"> <li>1. Cerebral Palsy, ADL sum <math>\geq</math> 10</li> <li>2. Quadriplegic, ADL sum <math>\geq</math> 10</li> <li>3. Multiple Sclerosis, ADL sum <math>\geq</math> 10</li> <li>4. Fever and 1 of the following:               <ul style="list-style-type: none"> <li>- Pneumonia</li> <li>- Vomiting</li> <li>- Dehydration</li> <li>- Weight Loss</li> <li>- Feeding Tube*</li> </ul> </li> <li>5. Feeding Tube* and aphasia <i>Feeding Tube classification must include:</i> <ol style="list-style-type: none"> <li>1. 51% or more calories OR</li> <li>2. 26-50% calories and 501 cc or more per day enteral/parenteral intake</li> </ol> </li> <li>6. Ulcers (2+ sites over all stages) with 2 or more skin treatments</li> <li>7. Any stage 3 or 4 pressure ulcer with 2 or more skin treatments               <ul style="list-style-type: none"> <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> <li>- Application of non-surgical dressings other than to feet</li> <li>- Application of ointment/medication other than to feet</li> </ul> </li> <li>8. Open lesions with 1 or more treatments</li> <li>9. Surgical wounds including 1 or more treatments               <ol style="list-style-type: none"> <li>1. Surgical wound care</li> <li>2. Application of non-surgical dressings other than to feet</li> <li>3. Application of non-surgical dressings other than to feet</li> </ol> </li> <li>10. Radiation Treatments</li> <li>11. Respiratory therapy = 7 days</li> </ol>	I4400
SSB	15-16		I5100
SSA	7-14		I5200
			J1550A
			I2000
			J1550B
			J1550C
			K0300
			K0510B
			K0510B, 1 or 2, I4300
			K0710A3 or
			K0710A3 and K0710B3
			M0300A, B1 and
			M1030
			M0300C1, D1, and F1
			M1200A, B
			M1200C
			M1200D
			M1200E
			M1200G
			M1200H
			M104D
			M1040E
			M1200F
			M1200G
			M1200H
			O0100B
			O0400D

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RUG Level	Sad Mood	ADL Score	Requirements	MDS 3.0 Section	
<b>CLINICALLY COMPLEX</b>					
CC2	Yes	17-18	<i>Any one of the following:</i> 1. Coma and ADL performance = 4 or 8 <b>OR</b> 2. Pneumonia 3. Septicemia 4. Diabetes and Injections=7 days and Physician Order Changes 5. Hemiplegia/Hemiparesis with ADLS $\geq 10$ 6. Dehydration 7. Internal Bleeding 8. Feeding Tube 9. Infection of the foot with application of dressing 10. Diabetic foot ulcer/open lesions on the foot with application of dressing 11. Burns 12. Chemotherapy 13. Oxygen therapy 14. Transfusions 15. Dialysis 16. Number of days in last 14, Physician visit or physician order changes: - Visits > 1 day and order changes $\geq 4$ days or - Visits > 2 days and order changes $\geq 2$ days • PHQ-9 score of 10 or greater is considered depressed OR • PH-9-OV score of 10 or greater is considered depressed	B0100	
CC1	No	17-18			
CB2	Yes	12-16			I2000
CB1	No	12-16			I2000
CA2	Yes	4-11			I2900 and N0300 and O0700
CA1	No	4-11			I4900
					J1550C J1550D K0510B M1040A and M1200I M1040B, C and M1200I M1040F O0100C O0100C O0100I O0100J O0600, O0700 D0300 or D0600
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section	
<b>IMPAIRED COGNITION (BIMS)</b>					
1B2	2+	6-10	<i>Cognitive Performance Scale score <math>\geq 3</math>, ADL index &lt; 10. CPS considered 5 MDS items:</i> 1. Repetition of three words 2. Temporal Orientation 3. Recall • BIMS score range 0-15 • Score of 9 or less = cognitively impaired • Score of 10 or higher = cognitively intact • Two or more Restorative Nursing Programs	C0200 C0300A, B, C C0400A, B, C C0500	
1B1	0-1	6-10			
1A2	2+	4-5			
1A1	0-1	4-5			

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IMPAIRED COGNITION					
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section	
1B2	2+	6-10	<p><i>Cognitive Performance Scale score <math>\geq 3</math>, ADL index <math>&lt; 10</math>. CPS considered 5 MDS items:</i></p> <ol style="list-style-type: none"> <li>1. Coma and ADL self-performance 4 or 8 OR</li> <li>2. Severely impaired decision making skills</li> <li>3. Two or more of the following indicators are present                             <ul style="list-style-type: none"> <li>&gt;0 problem making self understood</li> <li>= 1 short term memory problem</li> <li>&gt; 0 impaired decision-making skills and</li> </ul> </li> </ol> <ul style="list-style-type: none"> <li>• One or more of the following severe impairment indicators are present                             <ul style="list-style-type: none"> <li>• <math>\geq 2</math></li> <li>• <math>\geq 2</math></li> </ul> </li> <li>• Two or more Restorative Nursing Programs</li> </ul>	B0100	
1B2	0-1	6-10			
1A2	2+	4-5			C1000
1A1	0-1	4-5			B0700
					C0700 C1000
BEHAVIOR PROBLEMS					
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section	
BB2	2+	6-10	<p><i>Any of the following behaviors occurred on 4 or more of the last 7 days, ADL index <math>\leq 10</math>:</i></p> <ol style="list-style-type: none"> <li>1. Hallucinations</li> <li>2. Delusions</li> <li>3. Physical behavior symptoms 4 or more days</li> <li>4. Verbal behavior symptoms 4 or more</li> <li>5. Other behavior symptoms</li> <li>6. Rejection of Care 4 or more days</li> <li>7. Wandering 4 or more days</li> </ol> <ul style="list-style-type: none"> <li>• Two or more Restorative Nursing Programs</li> </ul>	E0100A	
BB1	0-1	6-10			E0100B
BA2	2+	4-5			E0200A
BA1	0-1	4-5			E0200B
					E0200C E0800 E0900

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REDUCED PHYSICAL FUNCTIONING				
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section
PE2	2+	16-18	<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><b>Restorative Nursing Programs</b></p> <ul style="list-style-type: none"> <li>● Current urinary toileting program****</li> <li>● Current bowel toileting program****</li> <li>● Range of motion (passive)****</li> <li>● Range of motion (active)****</li> <li>● Splint or brace assistance</li> <li>● Bed mobility****</li> <li>● Transfer</li> <li>● Walking****</li> <li>● Dressing and/or grooming</li> <li>● Eating and/or swallowing</li> <li>● Amputation/prostheses care</li> <li>● Communication</li> </ul> <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"> <li>● Measurable objectives and interventions must be documented in the care plan and in the clinical record</li> <li>● Evidence of periodic evaluation by licensed nurse during observation period must be present in the clinical record</li> <li>● Nurse assistant/aides must be trained in the techniques that promote resident involvement in the activity</li> <li>● These activities are carried out or supervised by members of the nursing staff</li> <li>● This category does not include exercise groups with more than four residents per supervising helper or caregiver</li> </ul>	<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	0-1	16-18		
PD2	2+	11-15		
PD1	0-1	11-15		
PC2	2+	9-10		
PC1	0-1	9-10		
PB2	2+	6-8		
PB1	0-1	6-8		
PA2	2+	4-5		
PA1	0-1	4-5		

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