



*Administrator's Survival Guide
to MDS 3.0 and RUG-IV*

*Massachusetts Chapter of
ACHCA*

Presented by:

Harmony Healthcare International, Inc.

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ADMINISTRATOR'S SURVIVAL GUIDE TO MDS 3.0 AND RUG-IV

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PROFILE

*This course provides insight into key elements of the **Final Rule** as they relate to changes in skilling criteria for both nursing and rehabilitation. A comprehensive review of the Minimum Data Set from a Regulatory and PPS perspective. During this course, the speaker will discuss attributes of the MDS 3.0 and how they relate to provision of nursing home care. The speaker will review the Key concepts which are integral in the MDS 3.0 process for the interdisciplinary team. The course will outline suggestions for SNF staff regarding successful data collection and coding of MDS 3.0 which impacts reimbursement.*

RECOMMENDED AUDIENCE

CEOs, COOs, Administrators, Nursing Management, MDSCs, Therapy Management

OBJECTIVES

- I. The learner will be able to summarize characteristics of the MDS 3.0 assessment.
- II. The learner will be able to identify strategies for enhancing revenue through the MDS process.
- III. The learner will be able to identify case management strategies for rate preservation.

GOALS


This program will enable healthcare providers to provide quality healthcare through an understanding of the Medicare Reimbursement system in a skilled nursing facility. Case Management techniques reviewed in relation to the MDS 3.0. MDS sections will be reviewed in detail.

CONTENT

- **Final Rule: RUG-IV**
- **MDS 3.0**
 - ◆ **Overview of Sections**
 - ◆ **Section A (Identification Info)**
 - ◆ **Section C (Cognitive Patterns)**
 - ◆ **Section D (Mood)**
 - ◆ **Section G (Functional Status)**
 - ◆ **Section E (Behavior)**
- ◆ **Section K (Swallowing /Nutrition)**
- ◆ **Section M (Skin Conditions)**
- ◆ **Section O (Special Treatment, Procedures and Programs)**
- **Skilled Care Criteria**
- **Case Management Strategies**

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**Administrator's Survival Guide to
MDS 3.0 and RUG-IV**

HARMONY HEALTHCARE INTERNATIONAL, INC.

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**MDS 3.0 – Effects of
Implementation**


Medicare Reimbursement Publicly Reported Information

MDS 3.0

In Some States, Medicaid Reimbursement Resident Care Survey

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Final Rule

- Updates payments rates FY 2010.
- Recalibrated Case Mix Indexes for parity in expenditures.
- Discussed results of STM's, Resource Intensity Verification Project, New RUG's, Version 4 Case Mix Model combined with MDS 3.0.

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Final Rule: Rates

- The FY 2010 rates reflected an update using the full amount of the latest market basket index.
- The FY 2011 market basket index is 1.7 percent (542 Million).
- The temporary AIDS 128% increase remaining in effect.


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Final Rule: Budget Neutrality

- An excerpt from the Final Rule, page 40324:
 "For FY 2011, the system is being designed so that overall payments under RUG-IV will be at the same level as what overall payments would have been under RUG-III if we had not changed to the new model. **Although aggregate payments do not change, the distribution of payments does change, which is why the payment rates for the complex medical groups (that is Extensive Care, Special Care, and Clinically Complex) will increase significantly.**"

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Final Rule: Presumptive of Coverage

- Presumptive of coverage remains.
- This designation reflects an administrative presumption that beneficiaries who are correctly assigned to one of the **upper 52** of the RUG-IV groups on the initial 5-day Medicare-required assessment are automatically classified as meeting the SNF level of care definition up to and including the assessment reference date.
 - ◆ May be harder to achieve without hospital look-back.

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Final Rule: Presumptive of Coverage



■ Presumption of Coverage Criteria remains:

◆ RUG-IV 66 levels applies to upper 52 groups as encompassed by the following categories:

- Rehabilitation Plus Extensive Services
- Ultra High Rehabilitation
- Very High Rehabilitation
- High Rehabilitation
- Medium Rehabilitation
- Low Rehabilitation
- Extensive Services
- Special Care High
- Special Care Low
- Clinically Complex

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Medical Review



■ OIG Report, December, 2010

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Final Rule: Mode of Therapy



■ Therapists must track and report the three different delivery modes of therapy (**individual, concurrent, and group**) on the MDS 3.0.


■ Concurrent therapy time will be reduced by 50% by MDS software for calculation of Rehab RUG classifications.

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Final Rule: Mode of Therapy

- Under RUG-IV, in order to code minutes on the MDS, the following criteria must be met:
 - ◆ Individual therapy; OR
 - ◆ Concurrent therapy consisting of no more than 2 patients (regardless of payer source), both of whom must be in line-of-sight of the treating therapist (or assistant); OR
 - ◆ Group therapy consisting of 2 to 4 patients (regardless of payer source), who are performing similar activities, and are supervised by a therapist (or assistant) who is not supervising any other individuals.


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Final Rule: Concurrent Therapy

- By allocating concurrent therapy minutes to assign the RUG-IV category, the total number of therapist staff minutes may not be sufficient to keep a patient in the same therapy group for payment purposes.

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Final Rule: Concurrent Therapy

- For example, under RUG-III, a patient receiving a combination of 325 individual and (unallocated) concurrent therapy minutes would be assigned to a RUG III High Rehabilitation group. Under RUG-IV, the patient might be classified into a lower paying therapy group if the adjusted therapist time falls below the 325 minute threshold needed to qualify for High Rehabilitation.

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Group Therapy

- In group therapy, more than one patient is treated at the same time with all patients in the group having the same goal or goals for that treatment.
- Groups can target such goals as improving strength, range of motion, balance, self-care, homemaking or cognition.
- 4 patients per one therapist or assistant.


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Group Therapy (cont.)

- All minutes of therapy received during group treatment sessions are counted on the Minimum Data Set (MDS) Section P. However, CMS regulations stipulate that only **25 % of total weekly minutes of therapy provided by disciplines** may be conducted in group sessions.

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Group Therapy Example

- Total minutes: 720 (RU level)
- Group: 180 (OT 90 minutes, PT 90 minutes)
- Individual: 540 (OT 270 minutes, PT 270 minutes)

(180 minutes is 25% of 720 minutes)

OT total minutes = 360
PT total minutes = 360

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Group Therapy Example (cont.)

- Minutes are evenly split between OT and PT.

	M	T	W	T	F
OT		45 Cooking Group		45 Cooking Group	
PT	30 Exercise Group		30 Exercise Group		30 Exercise Group

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Final Rule: Therapy Aides

- Therapy aides are expected to provide **support services** to the therapists and cannot be used to provide skilled therapy services.
- Therapy aide time to set up a treatment environment is **billable** for the therapist.
 - Set up time by the Therapy aide **does not need to be in line of sight**.
- Intend to monitor the use of therapy aides, and if necessary, propose changes to MDS reporting requirements in the future.

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Final Rule: Look-Back Period

- Look-Back Period: (P1a data) 14 days, **previously included pre-admission delivery**.
- In the RUG III Case Mix classification system, they identified five services that the data showed to require the highest levels of staff time use:
 - Ventilator/respiratory,
 - Tracheostomy,
 - Suctioning,
 - IV medications and
 - Transfusions.

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Final Rule: Look-Back Period



- The Final Rule found that for these five services, utilization during the prior hospital stay **does not**, in fact, provide an effective proxy for medical complexity for SNF residents, and instead **results in payments that are inappropriately high in many cases.**
- Accordingly, they modified the look back period under RUG IV for MDS items in Section O, Special Treatments and Procedures to include only those services that are provided **after admission (or readmission) to the SNF.**

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Final Rule: Look-Back Period



- RUG-IV Extensive Services - *while a resident*:
 - ◆ Tracheostomy care
 - ◆ Ventilator/respirator
 - ◆ **Isolation** for active infectious disease while a resident.

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Final Rule: Look-Back Period Parenteral/IV Feedings




- Section K
- Parenteral/IV Feedings coding is not limited.
- May code if rendered in hospital within **7 days of ARD.**
 - ◆ Must have documentation of administration for Nutrition and/or Hydration.

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Final Rule: ADLs

- Eating:
 - ◆ Scores will use **both** the self performance and support provided items for the eating ADL.
 - ◆ **No “automatic points”** for the patient who receives nutrition via a feeding tube or parenteral/IV.
 - ◆ The assessor is expected to code how the resident eats and drinks, **including nutritional intake via artificial means (IV hydration)**.
 - ◆ 3 to 4 ADL points if captured and coded.


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Final Rule: ADLs

- **\$ Impact:** RUB vs. RUA =
 $\$634.27 - \$512.75 = \$121.52 \times 14 \text{ days} =$
\$1,701.28 Potential Revenue

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**Final Rule:
Activities of Daily Living (ADL)**

- **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.
 - ◆ Independence now requires 100% of episodes.

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Final Rule: Activities of Daily Living (ADL)



■ **Coding:**

◆ **Activity Occurred 3 or more times**

- 0. **Independent:** No help or staff oversight.
- 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.

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Final Rule: Activities of Daily Living (ADL)



■ **Coding (cont.):**

◆ **Activity Occurred 2 or Fewer Times**

- 7. **Activity occurred only once or twice –** activity did occur but only once or twice.
- 8. **Activity did not occur –** activity (or any part of the ADL) was not performed by resident or staff at all over the entire 7 day period.

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Final Rule: Activities of Daily Living (ADL)



■ **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 during entire period

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RUG-IV ADL Score Changes



- RUG III and RUG HR-III based on a maximum 18 ADL points
- RUG-IV based on a maximum 16 ADL points
 - ◆ Eating: 4 of 16 pts. (25%) vs. 3 of 18pts. (17%)
- Previously 5 ADL points for did not occur ("8")
 - ◆ 0 points under RUG-IV
- IV hydration based on coding in Section G
 - ◆ No longer automatic points if coded in Section K

RUG-IV ADL Step 1



- To calculate the ADL score use the following chart for **bed mobility** (G0110A), **transfer** (G0110B), and **toilet use** (G0110I).

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,7 or 8	Any number	0
2	Any number	1
3	-,0-2	2
4	-,0-2	3
3 or 4	3	4


RUG-IV ADL Step 2



- To calculate the ADL score for eating (G0110H), use the following chart.

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,2, 7 or 8	-,0, 1,8	0
-,0,1,2, 7 or 8	2 or 3	2
3 or 4	-,0, 1	2
3	2 or 3	3
4	2 or 3	4






Final Rule: RUG-IV

■ **RUG-IV Classification System**

- ◆ Medicaid model yet to be published.
- ◆ 53 to 66 groups.
- ◆ Modification of 8 levels of hierarchy.

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RUG-IV Rehabilitation

■ **Therapy minute requirements for Rehab RUG categories are unchanged.**

- ◆ Concurrent reduction applies
- ◆ Group capped at 25% per a discipline

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RUG-IV

■ **Extensive Services used for Rehab Plus and Nursing Extensive:**

- ◆ Tracheostomy care
- ◆ Ventilator/respirator
- ◆ Isolation for active infectious disease while a resident.
- ◆ IV Medication and Hydration no longer included.
- ◆ Removal of suctioning to lower category.

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Rehab Categories

- **Rehab Ultra High** 720 minutes/week minimum (2 disciplines)
 - RUX (11-16) RUL (2-10)
 - RUC (11-16) RUB (6-10) RUA (0-5)
- **Rehab Very High** Rehabilitation treatment 500 minutes/week minimum.
 - RVX (11-16) RVL (2-10)
 - RVC (11-16) RVB (6-10) RVA (0-5)


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Rehab Categories

- **Rehab High** 325 minutes/week minimum
 - RHX (11-16) RHL (2-10)
 - RHC (11-16) RHB (6-10) RHA (0-5)
- **Rehab Medium** Rehabilitation treatment 150 minutes/week minimum (combination).
 - RMX (11-16) RML (2-10)
 - RMC (11-16) RMB (6-10) RMA (0-5)

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Rehab Categories

- **Rehab Low** Rehabilitation treatment 45 minutes/week minimum. 3 days any combination of 3 rehabilitation disciplines.
- ◆ **Restorative Nursing** 6 days/week, 2 services (see Reduced Physical Function for Restorative Nursing Services).
 - RLX (2-16)
 - RLB (11-16) RLA (0-10)

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Final Rule: RUG-IV

■ **Extensive Category**

- ◆ Tracheostomy care
 - Tracheal Suctioning eliminated as an extensive service.
- ◆ Tracheal suctioning will capture Special Care.
- ◆ Ventilator/respirator
- ◆ Isolation for active infectious disease while a resident.
- ◆ ES3 (2-16) ES2 (2-16) ES1 (2-16)

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Final Rule: RUG-IV


■ **Depression End Splits:** Signs and symptoms of depression are used as a third-level split for the **Special Care** and **Clinically Complex** categories

- ◆ D0300 PHQ-9 Total Severity Score is greater than or equal to 10 but not 99.

or

- ◆ D0600 PHQ-9 Total Severity Score is greater than or equal to 10.

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Final Rule: RUG-IV

■ **Special Care High:**


- ◆ HE2 & HE1 (15-16) HD2 & HD1 (11-14)
- ◆ HC2 & HC1 (6-10) HB2 & HB1 (2-5)

■ **Special Care Low:**

- ◆ LE2 & LE1 (15-16) LD2 & LD1 (11-14)
- ◆ LC2 & LC1 (6-10) LB2 & LB1 (2-5)

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Final Rule: RUG-IV

- **Special Care High and Special Care Low Category**
 - ◆ Split for refinement.
 - ◆ Fever with pneumonia, vomiting or weight loss remain qualifiers in Special Care High.


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Final Rule: RUG-IV

- **Special Care Low**
 - ◆ Radiation therapy and dialysis remain only while a resident of SNF.
 - ◆ MS or CP remain. Parkinson's Disease **added**.
 - (ADL score greater than or = 5)
 - ◆ **Respiratory failure** and oxygen therapy (Section I and O) **while** a resident **added**.

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Final Rule: RUG-IV

- **Pressure Ulcers – Categorize in Special Care Low**
 - ◆ Remain at Highest Stage until healed
 - ◆ If 1 of the following is present along with 2 or more skin treatments:
 - 2 or more stage II pressure ulcers; or
 - 1 or more stage III or stage IV pressure ulcers.

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Final Rule: RUG-IV

- Venous/arterial ulcers **Special Care Low category** if 1 of the following is present along with 2 or more skin treatments:
 - 2 or more venous/arterial ulcers; or
 - 1 stage II pressure ulcer and 1 venous/arterial ulcer.


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Final Rule: RUG-IV

- **Special Care High & Low (Tube Feeding):**
 - ◆ Eliminated aphasia and tube feeding.
 - ◆ Tube feeding alone remains as Special Care Low qualifier.
 - ◆ Tube feeding with fever remains Special Care High.

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Final Rule: RUG-IV

- **Clinically Complex**
 - ◆ CE2 & CE1 (15-16)
 - ◆ CD2 & CD1 (11-14)
 - ◆ CC2 & CC1 (6-10)
 - ◆ CB2 & CB1 (2-5)
 - ◆ CA2 & CA1 (0-1)

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Final Rule: RUG-IV

- **Clinically Complex Category**
 - ◆ Expanded groups from 6 to 10.
 - ◆ Expansion due to increasing number of ADL score breaks.
 - ◆ **Oxygen therapy** alone, based on average resource time, qualifies for Clinically Complex.
 - ◆ **Oxygen therapy with respiratory failure** qualifies for Special Care **Low** category (Section I and O).


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Final Rule: RUG-IV

- **Clinically Complex Category**
 - ◆ Includes patients with an ADL score of less than 2 that meet Special Care or Extensive Nursing category.

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Final Rule: RUG-IV
Physician Orders

- **Physicians orders** are eliminated as qualifiers for Clinically Complex category.
- **Orders** are retained in association with **diabetes** (daily injections with 2 insulin order changes in 7 day period) in the Special Care **High**.

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Final Rule: RUG-IV Internal Bleed



- Internal bleeding eliminated as a qualifier secondary to a high degree of variation in the conditions coded making it unreliable for Case Mix classification.

Final Rule: RUG-IV IV Medication




- IV medication moved from Extensive Services to Clinically Complex.
- IV hydration moved to Special Care High.

Final Rule: RUG-IV



- Behavioral Systems and Cognitive Performance Category
 - ◆ Behavior and/or cognitive combined.
 - ◆ Restorative nursing end split-provided for 15 or more minutes a day for 6 or more of the last 7 days:
 - ◆ Total of 4 RUG groups. ADL Score 5 or below.
 - ◆ Increase rate compared to RUG III
 - ◆ BB1 & BB2 (2-5)
 - ◆ BA1 & BA2 (0-1)






Final Rule: RUG-IV

- Behavioral Systems and Cognitive Performance Category (cont.):
 - ◆ Resident's BIMs Summary Score is less than or equal to 9, he or she is cognitively impaired and classifies.


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Final Rule: RUG-IV

- Reduced Physical Function
 - ◆ PE2 & PE1 (15-16)
 - ◆ PD1 & PD2 (11-14)
 - ◆ PC1 & PC2 (6-10)
 - ◆ PB1 & PB2 (2-5)
 - ◆ PA1 & PA2 (0-1)

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Final Rule: RUG-IV

- Reduced Physical Function (cont.):
 - ◆ Increased Case Mix classification assigned to patients receiving restorative therapy.
 - ◆ Restorative nursing end split-provided for 15 or more minutes a day for 6 or more of the last 7 days:

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RUG-IV Transition



- October 1, 2010, skilled nursing facilities transitioned from version RUG-III to the RUG-IV grouper under the Medicare Part A Skilled Nursing Facility Prospective Payment System (SNF PPS).
- RUG-IV is implemented now on a permanent basis as Congress corrected the amendment in the Patient Protection and Affordable Care Act.

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Case Mix RUG-III versus RUG-IV



	RUG-III	RUG-IV
		While a Resident
Extensive	Suctioning, IV Medication, IV Hydration	Isolation
Special Care (Spill H and L)		2 Stage IIs at highest Stage
	2 Stage I Pressure Ulcers	Pressure Ulcer stage III or IV at Highest Stage
	Surgical Wounds & Open Lesions	Venous Arterial Ulcers
	Tube Fed and Aphasia	Parkinson's Disease
	Transfusions	IV Hydration Dialysis

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Case Mix RUG-III versus RUG-IV



	RUG-III	RUG-IV
Clinically Complex	Physician Orders and Visits	COPD and SOB Lying Flat
	Dialysis	Surgical Wounds & Open lesions
		IV medication while a resident
		Transfusion and Oxygen

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Final Rule: Section T/OMRA Start of Therapy



- GAO found that ¼ of the patients classified using estimated minutes of therapy did not receive the amount of therapy they were assessed as needing
 - ◆ ¾ actually did.
 - ◆ Completely voluntary.
 - ◆ Further, the GAO found that in 2001, half of the patients initially categorized in the Medium and High Rehabilitation groups did not actually receive the minimum amount of therapy required to be classified in those groups.

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Final Rule: Section T/OMRA Start of Therapy



- Therefore, after review of the comments, effective October 1, 2010:
 - ◆ Deleted Section T (T1b, c, d) from the MDS 3.0.
 - ◆ Implemented the **optional start-of-therapy OMRA**, which may be completed not only when therapy starts in between assessment windows, but also when therapy has started in a Medicare-required assessment window.

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Final Rule: OMRA Changes



- Proposed to provide for an optional start-of-therapy OMRA with an ARD that is set 5 to 7 days from the first day therapy services are provided.
- Based on this OMRA, **payment for the start of therapy would begin the day that therapy is started.**
- They propose that a SNF may complete a start-of-therapy OMRA when therapy started between MDS observation periods.

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Final Rule: OMRA Start-of-Therapy



- For example, the SNF must complete a 5 day Medicare-required assessment with an ARD between day 1 and day 8. If therapy begins on day 5 and if the provider chooses day 7 as the 5 day ARD, then only 3 days of therapy, at most, would have been provided by the ARD and, thus, a rehabilitation RUG would not have been assigned (or achieved). The provider may then complete an optional start-of-therapy OMRA with an ARD of day 9, 10, or 11. If the provider chooses day 11, then the start-of-therapy OMRA may be combined with the 14 day Medicare-required assessment (day 11 is in the assessment window of the 14 day Medicare-required assessment).

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Final Rule: OMRA Start-of-Therapy (cont.)



- Payment for the rehabilitation RUG would begin on the day that therapy started, for example, day 5, and would continue until day 30 as long as the SNF level of care coverage requirements are met.
- If the provider chooses day 9 or day 10 as the ARD for the optional start-of-therapy OMRA, the Rehabilitation RUG would also begin on the day therapy started, but the provider would also be required to complete a 14 day Medicare-required assessment as long as the patient continues to meet SNF level of care requirements and remains in the facility after day 14.

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Final Rule: End of Therapy OMRA



- Changed from 8-10 days to 1-3 days treatment days.
 - ◆ Discontinue and Re-Evaluate if missed scheduled treatments.
 - ◆ Waiting for further clarification.
- Abbreviated OMRA to save time (for stand-alone assessments).
- Payment changes 1st day of non-therapy.
- Patients remaining skilled by nursing will no longer receive 8 to 10 days of a therapy RUG level after therapy discontinues.

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Final Rule: OMRA Time Frame



- For purposes of the ARD for an end-of-therapy OMRA, the provider shall consider **day 1** the day after all therapies are discontinued.
- When a facility provides rehabilitation therapies **five days a week (Monday-Friday)**, they clarified that day 1 would correspond to the first day, following the cessation of therapy services, on which therapy services would normally be provided.
- For example, if all therapies are discontinued on October 15, 2010 (which is a Friday), the next day that therapy would normally be provided would be Monday, October 18, and this day would become day 1 after therapies were discontinued.

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Final Rule: Short-Stay Patients



- Short-stay patients are patients who are **discharged on day 8 or earlier.**
 - ◆ A partial replacement for Section T?
- RUG-IV uses an alternative rehabilitation therapy classification when an assessment is a Medicare Short Stay assessment.
- RUG IV group established under this revised reporting procedure can then be used to reimburse SNF's at the therapy rate from day of the earliest therapy evaluation to discharge.

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Final Rule: Short-Stay Patients (cont.)



- Average daily therapy minutes are between 30-64 minutes, a Rehabilitation Medium category (RM__).
- Average daily therapy minutes are between 65-99 minutes, a Rehabilitation High category (RH__).
- Average daily therapy minutes are between 100-143 minutes, a Rehabilitation Very High category (RV__).
- Average daily therapy minutes are 144 or greater, a Rehabilitation Ultra High category (RU__).

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Medicare Short-Stay Assessment



- The assessment must be a Start of Therapy OMRA (A0310C = 1 or 3). This assessment may be completed alone or combined with any OBRA assessment or combined with a PPS 5-day or readmission/return assessment.
- A PPS 5-day (A0310B = 01) or readmission/return assessment (A0310B = 06) has been completed. The PPS 5-day or readmission/return assessment may be completed alone or combined with the Start of Therapy OMRA.
- The ARD (A2300) must be on or before the 8th day of the Part A Medicare covered stay. The ARD minus the start of Medicare stay date (A2400B) must be 7 days or less.

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Medicare Short-Stay Assessment



- The ARD (A2300) of the Start of Therapy OMRA must be the last covered Medicare Part A day. The Start of Therapy OMRA ARD must equal the end of Medicare stay date (A2400C).
- Rehabilitation therapy started during the last 4 days of the Medicare Part A covered stay (including weekends). The end of Medicare stay date (A2400C) minus the earliest start date for the three therapy disciplines (O0400A5, O0400B5 or O0400C5) must be 3 days or less.

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Medicare Short-Stay Assessment



- At least one therapy discipline continued through the last day of the Medicare Part A covered stay. At least one of the therapy disciplines must have a dash-filled end of therapy date.

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Final Rule: Short-Stay Patients (cont.)



- If the Medicare Short Stay Indicator is "Yes," then calculate the Medicare Short Stay Average Therapy Minutes as follows:
 - ◆ This average is the Total Therapy Minutes (calculated above in Calculation of Total Rehabilitation Therapy Minutes) divided by the number of days from the **start of therapy** (earliest date in O0400A5, O0400B5 and O0400C5) through the **ARD (A2300)**.

Final Rule: Minimum Data Set, Version 3.0




- *Response:* The goals for updating the assessment instrument used in nursing homes were to:
 - ◆ Introduce advances in assessment measurement
 - ◆ Increase relevance of items
 - ◆ Improve accuracy and validity of the tool
 - ◆ Increase knowledge of residents' experience of care by introducing more resident interview times.

Resident Interviews



- One of the major goals in creating MDS 3.0 was to increase the resident's voice by introducing more resident interview items.
- Sections of the MDS 3.0 that contain resident interviews:
 - ◆ Cognitive Patterns, Section C
 - ◆ Mood, Section D
 - ◆ Preferences for Customary Routine & Activities, Section F
 - ◆ "Pain" in Health Conditions, Section J
 - ◆ Return to Community/Overall Goals, Section Q






MDS 3.0 Transition

- Education for staff on managing the care you are already providing.
- Interview skills.
- MDS Interview skills
 - ◆ How do you do it?
 - ◆ How do you deal with responses?
 - ◆ How to manage the patient reactions?
 - ◆ Utilization of the information to get the positive clinical outcomes

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MDS 3.0 Transition

- ASSESS
- ASK
- OBSERVE
- CONSULT

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Global Interview Techniques Appendix D

- Resident preferences may be influenced by many factors in a resident's **physical psychological and environmental state**, and can be challenging to truly discern.
- The interview sections may **identify issues** that require clinical attention
- Utilizes **staff resources** that impact reimbursement:
 - ◆ Depression, Behaviors and Cognition

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Global Interview Techniques Appendix D



- Interview Approaches:
 - ◆ Introduce yourself to the resident
 - ◆ Be sure the resident can hear what you are saying.
 - ◆ Ask whether the resident would like an interpreter (language or signing).
 - ◆ Find a quiet, private area where you are not likely to be interrupted or overheard.

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Global Interview Techniques Appendix D



- Interview Approaches (cont.)
 - ◆ Sit where the resident can see you clearly and you can see his or her expressions
 - Ask the resident where you should sit so that he or she can see best.
 - ◆ Establish rapport and respect.
 - ◆ Explain the purpose of the questions to the resident.

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Global Interview Techniques Appendix D



- Interview Approaches (cont.)
 - ◆ Say and show the item responses.
 - ◆ Ask the questions as they appear in the questionnaire.

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Global Interview Techniques Appendix D



- Interview Approaches
 - ◆ Break the question apart if necessary.
 1. Unfolding
 2. Disentangling
 3. Echoing
 - Break up the interview if the resident becomes tired or needs to leave for rehabilitation.
 - Do not try to talk a resident out of an answer.

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MDS 3.0



Review of Coding Sections A, C, D, G, K, M, O

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MDS 3.0 Completion Concepts



- Questions included vary with assessment type. MDS flows clinically.
- Skip patterns:
 - ◆ Do not complete staff assessment if successfully interviewed.
 - ◆ Skip pressure ulcer items if no pressure ulcers.
- Look back period concepts:
 - ◆ Prescribed number of days.
 - ◆ Back to previous assessment.
 - ◆ Since admission.

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MDS 3.0
Completion Concepts

- Formal Interviews are part of the assessment process.
- Interviews are completed prior to the ARD date of the MDS .
 - ◆ Now a 2 part completion process.
- Section V reflects previous scores for BIMs and PHQ-9
 - ◆ Changes will be evident upon review.
- 14 day submission.
 - ◆ Reduced from 31 days
 - ◆ Effects ARD selection for PPS

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MDS 3.0
New Assessments


- Entry record
 - ◆ Reentry
- Death in facility
- Discharge assessment is now a clinical assessment
 - ◆ Requires interviews
 - ◆ Expected discharge
 - ◆ Unexpected discharge
- OMRA
 - ◆ Start of Therapy
 - ◆ End of Therapy
 - ◆ Both Start and End of Therapy

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MDS 3.0

Section A:
IDENTIFICATION INFORMATION


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Section C: New Additions

- Brief Interview for Mental Status (BIMS).
- A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.
- Confusion Assessment Method (CAM) to identify signs and symptoms of delirium.


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C0500: Summary Score

- Scores from a carefully conducted BIMS assessment where residents can hear all questions and the resident is not delirious suggest the following distributions:
 - 13-15: Cognitively intact
 - 8-12: Moderately impaired
 - 0-7: Severe impairment

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MDS 3.0

**Section D:
MOOD**

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Section D: Mood



- **Intent:** To address mood distress, a serious condition that is under diagnosed and undertreated in the nursing home and is associated with significant morbidity.
- PHQ-9 Score
- **Conduct the interview the day before or day of the ARD.**

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D0300: Total Severity Score



- PHQ-9© **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:
 - 1-4: Minimal depression
 - 5-9: Mild depression
 - 10-14: Moderate depression
 - 15-19: Moderately severe depression
 - 20-27: Severe depression

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D0200: Mood Interview (PHQ-9)




- *Record the resident's responses as they are stated, regardless of whether the resident or the assessor attributes the symptom to something other than mood. Further evaluation of the clinical relevance of reported symptoms should be explored by the responsible clinician.*

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MDS 3.0

**Section G:
FUNCTIONAL STATUS**

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Section G: Functional Status

■ **Intent:**

- ◆ To assess the need for assistance with activities of daily living, altered gait and balance, and decreased range of motion.
- ◆ Upon admission, assess the rehabilitation potential of the patient.
- ◆ Added newly detailed balance assessment designed to guide staff in identifying parts of gait and transition that relate to fall risk.

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**Section G:
Coding Changes from MDS 2.0**

- A new coding level of "7 - Activity occurred only once or twice" added
- Eating now includes the components of eating, drinking, and intake of hydration by other means, including tube feedings, TPN and IV hydration. **This will no longer carryover from Section K for ADL end split determination.**
 - ◆ Assist provided by facility staff only.
 - ◆ No hospital look back.

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Section G: Principles of Accurate Assessment



- 7-day look-back period.
- Assess
- Observe
- Consult with all interdisciplinary team across all shifts for accurate assist levels provided.
- Ask probing questions, beginning with the general and proceeding to the more specific.

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MDS 3.0



Section K: SWALLOWING AND NUTRITION

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Section K: Swallowing and Nutrition



- Intent:
 - ◆ To assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. Nurse assessors should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.

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K100: Swallowing Disorder



- 7-day look-back period
- New details regarding type of swallowing problems
- **Do not** code a swallowing problem when **interventions have been successful** in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.
- Code even if the symptom occurred only **once** in the 7-day look-back period.

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K0500: Nutritional Approaches



- 7-day look-back (includes hospital):
 - ◆ K0500A: Parenteral/IV feeding
 - ◆ K0500B: Feeding tube
 - ◆ K0500C: Mechanically altered diet
 - ◆ K0500D: Therapeutic diet
 - ◆ K0500Z: None of the above

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K0500: Nutritional Approaches Parenteral/IV Feeding



- K0500 (Nutritional Approaches) includes any and all nutrition and hydration received by the nursing home resident in the last 7 days, **either at the nursing home, at a hospital as an outpatient or as an inpatient**, provided they were administered for **nutrition or hydration**.

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K0500: Nutritional Approaches Parenteral/IV Feeding



- Administered for nutrition or hydration:
 - ◆ IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently.
 - ◆ IV fluids running at KVO (Keep Vein Open).
 - ◆ IV fluids administered via heparin locks.
 - ◆ Hypodermoclysis and subcutaneous ports in hydration therapy.

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K0500: Nutritional Approaches Parenteral/IV Feeding



- Do NOT include:
 - ◆ IV fluids administered as a routine part of an operative or **diagnostic procedure** or recovery room stay.
 - ◆ IV fluids administered solely as flushes.
 - ◆ Parenteral/IV fluids administered in conjunction with **chemotherapy** or dialysis.
 - ◆ **Additives**, such as electrolytes and insulin, that are added to TPN or IV fluids.

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K0500: Nutritional Approaches Parenteral/IV Feeding




- Enteral feeding formulas:
 - ◆ Should **not** be coded as a mechanically altered diet.
 - ◆ Should be coded as K0400D, Therapeutic Diet.

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MDS 3.0

**Section M:
SKIN CONDITIONS**


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MDS 3.0 Coding

- Section M: Skin Conditions
 - ◆ M0100. Determination of Pressure Risk
 - ◆ M0150. Risk of Pressure Ulcer
 - 0. No
 - 1. Yes
 - ◆ Updated pressure ulcer definitions

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MDS 3.0 Coding

- Section M: Skin Conditions
 - ◆ M0300. Current Number of Unhealed Pressure Ulcers at Each Stage (non-epithelialized)
 - A. Stage 1
 - B. Stage 2
 - C. Stage 3
 - D. Stage 4
 - E. Unstageable – non-removable dressings (No RUG)
 - F. Unstageable – Slough and/or eschar
 - G. Unstageable – Deep tissue Injury (No RUG)

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MDS 3.0 Coding

- Section M: Skin Conditions
 - ◆ M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
 - Length, Width, Depth
 - ◆ M1030. Number of Venous and Arterial Ulcers
 - ◆ Worsening and Improvement of Pressure Ulcers recorded on MDS.


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MDS 3.0

Section O: SPECIAL TREATMENTS, PROGRAMS AND PROCEDURES

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00400A-C: Therapies

- Intent:
 - ◆ To record the minutes, types and days of Rehabilitation (i.e., via Speech-Language Pathology Services and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy received. Record special treatments and procedures.
 - ◆ 14 day look-back for Medical
 - ◆ 7 day look-back for Therapies
 - ◆ 2 Columns
 - While a resident and while not a resident.

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00400A-C: Therapies

- Therapy minutes will need to be recorded into one of 3 categories:
 - ◆ Individual minutes
 - ◆ Concurrent minutes (reduced by 50% on MDS)
 - ◆ Group minutes
- Look-back period 7 days
- Total minutes are coded on the MDS.
 - ◆ Do not reduce group or concurrent therapy.

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MDS 3.0 Group Calculation

- When the 25% group therapy limitation applies, the following adjustment applies:
 - ◆ If group minutes (O0400A3) divided by Total Minutes is greater than 0.25, then add individual minutes (O0400A1) and one-half of concurrent minutes (O0400A2), multiply this sum by 4.0 and then divide by 3.0.
 - ◆ Record as Adjusted Minutes.

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Strategies for Success

- ARD Coordination and Selection
- ADL Coding/Capturing – (Section G)
- Accurate MDS Coding
- Rehab Case Management
 - ◆ New Admissions
 - ◆ Groups
 - ◆ Concurrent Therapy

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Strategies for Success

- OMRA
- While a Resident
- Skilled Coverage Criteria

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Questions/Answers



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We provide Free RUGs analysis
Email Matt McGarvey at:
mmcgarvey@harmony-healthcare.com

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**Administrator's Survival Guide to
MDS 3.0 and RUG-IV
Massachusetts Chapter - ACHCA
March 17, 2011**

**HANDOUT
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OVERVIEW GUIDE TO MDS ITEMS

Section	Title	Intent	Look-Back Period
A	Identification Information	Obtain key information to uniquely identify each resident, nursing home, and reasons for assessment.	7-Day
B	Hearing, Speech, and Vision	Document the resident's ability to hear, understand, and communicate and document visual limitations or difficulties related to diseases common in aged persons.	7-Day
* C	Cognitive Patterns	Determine the resident's ability to remember both recent and long-past events and to think coherently.	14-Day "over the last 2 weeks"
* D	Mood	Document mood distress.	14-Day
E	Behavior	Identify behavioral symptoms in the last 7 days, including those that are potentially harmful to the resident.	7-Day
* F	Preferences for Customary Routine and Activities	Obtain information regarding the resident's daily and activity preferences.	7-Day
G	Functional Status	Assess the need for assistance with activities of daily living (ADLs), altered gait and balance, and decreased range of motion.	7-Day
H	Bladder and Bowel	Document the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns.	7-Day
I	Active Disease Diagnosis	Code diseases related to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death.	60-day, Identification 7-day, Active
* J	Health Conditions (Pain)	Document health conditions that impact the resident's functional status and quality of life.	5-Day J-1100 – 7-Day J-1300 – 7-Day J-1550 – 7-Day J-1700B – 2-6 months J-1700C – 6 months
K	Swallowing/Nutritional Status	Assess conditions that could affect the resident's ability to maintain adequate nutrition and hydration.	7-Day
L	Oral/Dental Status	Record any dental problems present in the 7-day look-back period.	7-Day
M	Skin Conditions	Document the risk, presence, appearance, and change of pressure ulcers.	7-Day M-800 - Back to ARD of prior assessment (skip if 1 st assessment) M-900 - Same
N	Medications	Record the number of days that medication, antigen, or vaccine was received by subcutaneous, intramuscular, or intradermal injection.	7 Day or since assessment
O	Special Treatments and Procedures and Programs	Identify any special treatments, programs, and procedures that the resident received during the specified time periods.	14-Day O-0400 – 7-Day O-0500 – 7 Day O-0600 – 14 Day O-0700 – 14 Day
P	Restraints	Record the frequency that the resident was restrained by any of the listed devices at any time during the day or night.	7-Day
Q	Participation in Assessment and Goal Setting	Record the participation of the resident, family and/or significant others in the assessment, and to understand the resident's overall goals.	7-Day (as participated)
V	Care Area Assessment (CAA) Summary	Document triggered care areas, the location of documentation describing clinical status, and factors that impact the care planning decision, as well as whether or not a care plan has been developed for each triggered care area.	
X	Correction Request	Record an existing assessment or tracking record that is in error.	
Z	Assessment Administration	Provide billing information and signatures of persons completing the assessment.	

*Interview



SCHEDULED MEDICARE PPS ASSESSMENTS

Medicare MDS Scheduled Assessment Type	Reason for Assessment (A0310B code)	Assessment Reference Date	Assessment Reference Date Grace Days+	Applicable Standard Medicare Payment Days^
5-day Readmission/Return	01 06	Days 1-5	6-8	1 through 14
14-day	02	Days 11-14	15-19	15 through 30
30-day	03	Days 21-29	30-34	31 through 60
60-day	04	Days 50-59	60-64	61 through 90
90-day	05	Days 80-89	90-94	91 through 100

+ Grace Days: A specific number of days that can be added to the ARD window without penalty.

^ Applicable Standard Medicare Payment days may vary when assessment types are combined.

- For example, when a provider combines an unscheduled assessment, such as a Significant Change in Status, with a scheduled assessment, such as a 30-day Medicare-required assessment, the new resource utilization group (RUG) would take effect on the ARD of the assessment. If the ARD of this assessment was day 28, the new RUG would take effect on day 28 of the stay.
- The exception would be if the ARD fell within the grace days. In that case, the new RUG would be effective on the first day of the regular payment block. For example, if the ARD of an unscheduled assessment combined with the 60-day assessment was day 62, the new RUG would take effect on day 61.

Source: MDS 3.0 RAI Manual, 2-42

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REIMBURSEMENT

CLASSIFICATION GRID RUG-IV

RUGs Level	ADL Score	Requirements	MDS 3.0 Section
REHABILITATION/EXTENSIVE SERVICES			
ULTRA HIGH RUX RUL	11-16 2-10	<i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i> <ul style="list-style-type: none"> Rx 720 minutes/week minimum AND At least 1 discipline 5 days/week AND A second discipline at least 3 days/week AND Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident AND ADL score > =2 See updated Extensive Services Category* 	O, A,B,C, 1,2,3,4
VERY HIGH RVX RVL	11-16 2-10	<i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i> <ul style="list-style-type: none"> Rx 500 minutes/week minimum AND One discipline at least 5 days/week AND Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident AND ADL score > =2 See updated Extensive Services Category 	O, A,B,C, 1,2,3,4
HIGH RHX RHL	11-16 2-10	<i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i> <ul style="list-style-type: none"> Rx 325 minutes/week minimum AND One discipline 5 days/week AND Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident AND ADL score > =2 See updated Extensive Services Category* 	O, A,B,C, 1,2,3,4



REIMBURSEMENT

CLASSIFICATION GRID (CONT.) RUG-IV

RUGs Level	ADL Score	Requirements	MDS 3.0 Section
REHABILITATION/EXTENSIVE SERVICES (Continued)			
MEDIUM RMX RML	11-16 2-10	<i>Residents needing both extensive medical services and PT, OT or SLP services.</i> <ul style="list-style-type: none"> • Rx 150 minutes/week minimum AND • 5 days/week across 3 disciplines AND • Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident AND • ADL score >=2 • See updated Extensive Services Category* 	O, A,B,C, 1,2,3,4
LOW RLX	2-16	<i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i> <ul style="list-style-type: none"> AND • 3 days any combo of 3 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 • See updated Extensive Services Category* 	O, A,B,C, 1,2,3,4
*Updated Extensive Services:			
Extensive Services qualification based on ADL Sum > 2 and one of the following services: <ul style="list-style-type: none"> • Tracheostomy Care • Ventilator / Respirator OR • Isolation for active infectious disease while a resident 			
REHABILITATION			
ULTRA HIGH RUC RUB RUA	11-16 6-10 0-5	In last 7 days: <ul style="list-style-type: none"> • Received 720 minutes/week minimum AND • At least 1 discipline 5 days/week AND • 2nd for at least 3 days/week 	O, A,B,C, 1,2,3,4
VERY HIGH RVC RVB RVA	11-16 6-10 0-5	In last 7 days: <ul style="list-style-type: none"> • Received 500 minutes/week minimum AND • At least 1 discipline 5 days/week 	O, A,B,C, 1,2,3,4



REIMBURSEMENT

CLASSIFICATION GRID (CONT.) RUG-IV

RUGs Level	ADL Score	Requirements	MDS 3.0 Section
SPECIAL REHABILITATION (Continued)			
HIGH RHC RHB RHA	11-16 6-10 0-5	In last 7 days: <ul style="list-style-type: none"> Received 325 minutes/week minimum AND At least 1 discipline -5 days/week 	O, A,B,C, 1,2,3,4
MEDIUM RMC RMB RMA	11-16 6-10 0-5	In last 7 days: <ul style="list-style-type: none"> Received 150 minutes/week minimum AND 5 days, any combo 3 disciplines 	O, A,B,C, 1,2,3,4
LOW RLB RLA	11-16 0-10	In last 7 days: <ul style="list-style-type: none"> Received 45 minutes/week minimum AND 3 days, any combo 3 disciplines AND Restorative nursing, 2 or more services, 6 or more days/week (see Reduced Physical Function for restorative nursing services) 	O, A,B,C, 1,2,3,4
EXTENSIVE SERVICES			
		<i>Residents receiving the following complex clinical care:</i> <ul style="list-style-type: none"> Tracheostomy Care OR Ventilator / Respirator OR Isolation for active infectious disease while a resident AND ADL score ≥ 2 Notes: Qualifiers count for end splits	00100E2 00100F2 00100M2
ES3	2-16	<ul style="list-style-type: none"> Tracheostomy care (while a resident) AND Ventilator / Respirator (while a resident) 	00100E2 00100F2
ES2	2-16	<ul style="list-style-type: none"> Tracheostomy care (while a resident) OR Ventilator / Respirator (while a resident) 	00100E2 00100E2
ES1	2-16	<ul style="list-style-type: none"> Isolation for active infectious disease (while a resident) 	00100M2



REIMBURSEMENT

CLASSIFICATION GRID (CONT.) RUG-IV

RUGs Level		ADL Score	Requirements	MDS 3.0 Section		
SPECIAL CARE HIGH						
HE2 HE1	Yes No	15-16 15-16	<i>Residents receiving the following complex clinical care or with a following medical condition:</i> <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 <ul style="list-style-type: none"> - Pneumonia - Vomiting - Feeding tube - Weight loss • Parenteral/IV feedings • Respiratory therapy for 7 days AND • ADL score >=2 <p>Notes: Signs of depression used for end splits; PHQ score =>10</p>	B, B0100 I, I2100 I, I2900; Section N, N0350,A I, I5100 I, I6200 J, J1550,A I, I2000 J, J1550,B K, K0500,B K, K0300 K, K0500,A O, O0400,D		
HD2 HD1	Yes No	11-14 11-14				
HC2 HC1	Yes No	6-10 6-10				
HB2 HB1	Yes No	2-5 2-5				
SPECIAL CARE LOW						
LE2 LE1	Yes No	15-16 15-16			<i>Residents receiving the following complex clinical care or with a following medical condition:</i> <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 • Feeding tube (calories ≥ 51% or calories = 26-50% and fluid ≥ 501 cc) • Ulcers with 2 or more skin treatments <ul style="list-style-type: none"> ▪ 2 or more stage II ▪ 1 or more stage III or IV pressure ulcers ▪ Unstageable secondary to slough/eschar ▪ 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 <p>Notes: Signs of depression used for end splits; PHQ score =>10</p>	I, I4400 I, I5200 I, I5300 K, K0700,A,B, M M, M0800,A M, M0800,B,C M, M1030 M, M-0800,A M, M1030 M, M1040,A,C O, O0100,B,2 I, I6300 O,O0100C O, O0100,J,2
LD2 LD1	Yes No	11-14 11-14				
LC2 LC1	Yes No	6-10 6-10				
LB2 LB1	Yes No	2-5 2-5				



REIMBURSEMENT

CLASSIFICATION GRID (CONT.) RUG-IV

RUGs Level		ADL Score	Requirements	MDS 3.0 Section
CLINICALLY COMPLEX				
CE2 CE1	Yes No	15-16 15-16	Residents with Extensive Services, Special Care High or Special Care Low qualifier. AND • ADL score = 0-1	
CD2 CD1	Yes No	11-14 11-14	OR Residents with any one of the following clinically complex qualifiers: • Pneumonia • Hemiplegia and ADL score >=5	I, I2000 I, I4900
CC2 CC1	Yes No	6-10 6-10	• Surgical wounds or open lesions with treatment • Burns • Chemotherapy while a resident	M, M1040,E
CB2 CB1	Yes No	2-5 2-5	• Oxygen while a resident • IV medications while a resident • Transfusions while a resident	M, M1040,F O, O0100,A,2 O, O0100,C,2 O, O0100,H,2 O, O0100,I,2
CA2 CA1	Yes No	0-1 0-1	Notes: Signs of depression used for end splits: PHQ score =>10	
BEHAVIORAL SYMPTOMS AND COGNITIVE				
BB2 BB1 BA2 BA1	* ** * **	2-5 2-5 0-1 0-1	Residents having cognitive impairment BIMS score <=9 or CPS >=3 OR • Hallucinations or delusions OR Residents displaying any of the following on 4 or more days over last 7 days: • Physical or verbal behavioral symptoms toward others • Other behavioral symptoms • Rejection of care • Wandering AND • ADL score <=5	C E0100A E0100B E, E0200,A,B,C E, E0300,1 E, E0900
	* 2 or more Restorative Services 6+ days ** Less Restorative Nursing		Notes: Restorative nursing used for end splits. See Reduced Physical Function for restorative nursing services count	



REIMBURSEMENT

MDS 3.0 CLASSIFICATION GRID (CONT.)

RUG-IV

RUGs Level	Restorative Nursing	ADL Score	Requirements	MDS 3.0 Section
REDUCED PHYSICAL FUNCTIONING				
PE2 PE1	* **	15-16 15-16	<i>Residents whose needs are primarily for activities of daily living and general supervision.</i> <ul style="list-style-type: none"> • Residents not qualifying for other categories • Restorative nursing services: <ul style="list-style-type: none"> ▪ Urinary and/or bowel training program ▪ 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 <p>Notes: No clinical variables used</p>	O, 0500,A-J H, H0200/H0500
PD2 PD1	* **	11-14 11-14		
PC2 PC1	* **	6-10 6-10		
PB2 PB1	* **	2-5 2-5		
PA2 PA1	* **	0-1 0-1		
	*2 or more Restorative Services 6+ days			
	**Less Restorative Nursing			



ADL CONVERSION SHEET (RUG-IV GROUPEUR)

BENEFICIARY NAME _____ FACILITY NAME _____

Category	MDS ADL SCORE		ADL GROUPEUR SUM
	Self Performance	Support	Total
TRANSFER	8	0-8	0
	7	0-8	0
	4	3	4
	4	0-2	3
	3	3	4
	3	0-2	2
	2	0-8	1
	1	0-8	0
	0	0-8	0
BED MOBILITY	8	0-8	0
	7	0-8	0
	4	3	4
	4	0-2	3
	3	3	4
	3	0-2	2
	2	0-8	1
	1	0-8	0
	0	0-8	0
TOILET USE	8	0-8	0
	7	0-8	0
	4	3	4
	4	0-2	3
	3	3	4
	3	0-2	2
	2	0-8	1
	1	0-8	0
	0	0-8	0
EATING	8	0, 1, 8	0
	8	2, 3	2
	7	0, 1, 8	0
	7	2, 3	2
	4	0, 1	2
	4	2, 3	4
	3	0, 1	2
	3	2, 3	3
	2	0, 1, 8	0
	2	2, 3	2
	1	0, 1, 8	0
	1	2, 3	2
	0	0, 1, 8	0
	0	2, 3	2

TOTAL _____

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**OCTOBER 1, 2010 – SEPTEMBER 30, 2011
MASSACHUSETTS – FEDERAL SNF MEDICARE RATES**

CMS MSA MA Counties Wage Index				Berkshire CBSA 38340 1.0371	Bristol CBSA 39300 1.0714	Essex CBSA 37764 1.0251	Franklin, Hampden, Hampshire CBSA 44140
RUG-IV Category	ADL Score	CMI Rural	CMI Urban	10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11
RUX	11 - 16	66	66	\$891.78	\$912.45	\$928.41	\$884.54
RUL	2 - 10	65	65	\$869.11	\$889.26	\$904.82	\$862.07
RVX	11 - 16	64	64	\$806.88	\$825.58	\$840.03	\$800.34
RVL	2 - 10	62	62	\$716.23	\$732.83	\$745.66	\$710.42
RHX	11 - 16	63	63	\$741.50	\$758.69	\$771.96	\$735.49
RHL	2 - 10	57	59	\$654.09	\$669.25	\$680.96	\$648.78
RMX	11-16	61	61	\$685.49	\$701.38	\$713.66	\$679.93
RML	2 - 10	56	56	\$627.22	\$641.75	\$652.99	\$622.13
RLX	2 - 16	55	55	\$608.86	\$622.98	\$633.88	\$603.93
RUC	11 - 16	60	58	\$650.58	\$665.66	\$677.31	\$645.30
RUB	6 - 10	59	57	\$650.58	\$665.66	\$677.31	\$645.30
RUA	0 - 5	53	52	\$525.93	\$538.12	\$547.54	\$521.67
RVC	11 - 16	54	54	\$565.68	\$578.80	\$588.93	\$561.10
RVB	6 - 10	50	50	\$479.89	\$491.01	\$499.60	\$476.00
RVA	0 - 5	49	49	\$478.27	\$489.36	\$497.92	\$474.39
RHC	11 - 16	54	54	\$500.30	\$511.90	\$520.86	\$496.24
RHB	6 - 10	47	45	\$445.26	\$455.58	\$463.56	\$441.65
RHA	0 - 5	40	37	\$385.37	\$394.30	\$401.20	\$382.24
RMC	11 - 16	45	46	\$445.91	\$456.25	\$464.23	\$442.30
RMB	6 - 10	42	41	\$413.54	\$423.12	\$430.53	\$410.18
RMA	0 - 5	30	24	\$332.60	\$340.31	\$346.26	\$329.90
RLB	11 - 16	44	44	\$442.13	\$452.38	\$460.29	\$438.54
RLA	0 - 10	13	13	\$270.54	\$276.81	\$281.65	\$268.34
ES3	2 - 16	58	60	\$678.20	\$693.92	\$706.06	\$672.70
ES2	2 - 16	52	53	\$530.89	\$543.19	\$552.70	\$526.58
ES1	2 - 16	48	48	\$474.23	\$485.22	\$493.71	\$470.39
HE2	15 - 16	46	47	\$458.04	\$468.66	\$476.86	\$454.33
HE1	15 - 16	36	36	\$380.34	\$389.16	\$395.97	\$377.26
HD2	11 - 14	43	43	\$428.91	\$438.85	\$446.53	\$425.43
HD1	11 - 14	34	34	\$357.68	\$365.97	\$372.37	\$354.78
HC2	6 - 10	39	40	\$404.62	\$414.00	\$421.25	\$401.34
HC1	6 - 10	27	28	\$338.25	\$346.09	\$352.15	\$335.51
HB2	2 - 5	26	27	\$399.77	\$409.03	\$416.19	\$396.53
HB1	2 - 5	26	27	\$335.02	\$342.78	\$348.78	\$332.30
LE2	15 - 16	41	42	\$415.96	\$425.60	\$433.04	\$412.58
LE1	15 - 16	31	31	\$347.97	\$356.03	\$362.26	\$345.14
LD2	11 - 14	37	38	\$399.77	\$409.03	\$416.19	\$396.53
LD1	11 - 14	25	26	\$335.02	\$342.78	\$348.78	\$332.30
LC2	6 - 10	33	33	\$351.20	\$359.34	\$365.63	\$348.36
LC1	6 - 10	18	18	\$296.17	\$303.03	\$308.33	\$293.76
LB2	2 - 5	24	25	\$333.40	\$341.12	\$347.09	\$330.69
LB1	2 - 5	15	15	\$283.21	\$289.78	\$294.85	\$280.92
CE2	15 - 16	35	35	\$370.63	\$379.22	\$385.86	\$367.62
CE1	15 - 16	29	30	\$341.49	\$349.41	\$355.52	\$338.72
CD2	11 - 14	32	32	\$351.20	\$359.34	\$365.63	\$348.36
CD1	11 - 14	22	22	\$322.07	\$329.53	\$335.30	\$319.45
CC2	6 - 10	20	20	\$307.50	\$314.62	\$320.13	\$305.00
CC1	6 - 10	17	17	\$284.83	\$291.44	\$296.54	\$282.52
CB2	2 - 5	16	16	\$284.83	\$291.44	\$296.54	\$282.52
CB1	2 - 5	12	12	\$263.79	\$269.90	\$274.63	\$261.65
CA2	0 - 1	8	8	\$241.13	\$246.72	\$251.03	\$239.17
CA1	0 - 1	6	6	\$224.94	\$230.15	\$234.18	\$223.11
BB2	2 - 5	10	10	\$255.70	\$261.62	\$266.20	\$253.62
BB1	2 - 5	9	9	\$244.36	\$250.03	\$254.40	\$242.38
BA2	0 - 1	4	4	\$211.99	\$216.90	\$220.70	\$210.27
BA1	0 - 1	3	3	\$202.28	\$206.96	\$210.59	\$200.64
PE2	15 - 16	28	29	\$341.49	\$349.41	\$355.52	\$338.72
PE1	15 - 16	23	23	\$325.30	\$332.84	\$338.67	\$322.67
PD2	11 - 14	21	21	\$322.07	\$329.53	\$335.30	\$319.45
PD1	11 - 14	19	19	\$305.88	\$312.97	\$318.44	\$303.40
PC2	6 - 10	14	14	\$276.74	\$283.15	\$288.11	\$274.50
PC1	6 - 10	11	11	\$263.79	\$269.90	\$274.63	\$261.65
PB2	2 - 5	7	7	\$234.65	\$240.09	\$244.29	\$232.75
PB1	2 - 5	5	5	\$224.94	\$230.15	\$234.18	\$223.11
PA2	0 - 1	2	2	\$194.18	\$198.68	\$202.16	\$192.61
PA1	0 - 1	1	1	\$186.09	\$190.40	\$193.73	\$184.58
Default		1	1	\$186.09	\$190.40	\$193.73	\$184.58



OCTOBER 1, 2010 – SEPTEMBER 30, 2011
MASSACHUSETTS (CONTINUED) – FEDERAL SNF MEDICARE RATES

CMS MSA MA Counties Wage Index	ADL Score	CMI Rural	CMI Urban	Middlesex CBSA 15764 1.1250	Norfolk, Plymouth, Suffolk CBSA 14484 1.2178	Worcester CBSA 49340 1.1012	Nantucket (Rural) CBSA 22 1.1769
				10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11
RUG-IV Category	ADL Score	CMI Rural	CMI Urban	10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11	10/1/10→9/30/11
RUX	11 - 16	66	66	\$944.74	\$1,000.67	\$930.40	\$987.58
RUL	2 - 10	65	65	\$920.74	\$975.24	\$906.76	\$963.88
RVX	11 - 16	64	64	\$854.81	\$905.41	\$841.83	\$883.24
RVL	2 - 10	62	62	\$758.77	\$803.69	\$747.25	\$788.45
RHX	11 - 16	63	63	\$785.54	\$832.04	\$773.62	\$803.53
RHL	2 - 10	57	59	\$692.94	\$733.95	\$682.42	\$712.12
RMX	11-16	61	61	\$726.21	\$769.20	\$715.19	\$737.05
RML	2 - 10	56	56	\$664.47	\$703.80	\$654.38	\$676.11
RLX	2 - 16	55	55	\$645.03	\$683.21	\$635.24	\$649.79
RUC	11 - 16	60	58	\$689.22	\$730.02	\$678.76	\$735.35
RUB	6 - 10	59	57	\$689.22	\$730.02	\$678.76	\$735.35
RUA	0 - 5	53	52	\$557.17	\$590.15	\$548.71	\$605.01
RVC	11 - 16	54	54	\$599.28	\$634.76	\$590.19	\$631.02
RVB	6 - 10	50	50	\$508.39	\$538.49	\$500.68	\$541.30
RVA	0 - 5	49	49	\$506.68	\$536.67	\$498.99	\$539.61
RHC	11 - 16	54	54	\$530.02	\$561.39	\$521.97	\$551.30
RHB	6 - 10	47	45	\$471.71	\$499.63	\$464.55	\$493.75
RHA	0 - 5	40	37	\$408.26	\$432.42	\$402.06	\$431.12
RMC	11 - 16	45	46	\$472.40	\$500.36	\$465.23	\$486.52
RMB	6 - 10	42	41	\$438.10	\$464.03	\$431.45	\$452.66
RMA	0 - 5	30	24	\$352.35	\$373.21	\$347.01	\$368.02
RLB	11 - 16	44	44	\$468.39	\$496.11	\$461.28	\$475.44
RLA	0 - 10	13	13	\$286.61	\$303.57	\$282.26	\$296.00
ES3	2 - 16	58	60	\$718.48	\$761.01	\$707.57	\$716.89
ES2	2 - 16	52	53	\$562.42	\$595.71	\$553.88	\$562.84
ES1	2 - 16	48	48	\$502.40	\$532.14	\$494.77	\$503.60
HE2	15 - 16	46	47	\$485.25	\$513.97	\$477.88	\$486.67
HE1	15 - 16	36	36	\$402.93	\$426.78	\$396.82	\$405.41
HD2	11 - 14	43	43	\$454.38	\$481.28	\$447.48	\$456.20
HD1	11 - 14	34	34	\$378.92	\$401.35	\$373.17	\$381.71
HC2	6 - 10	39	40	\$428.66	\$454.03	\$422.15	\$430.81
HC1	6 - 10	27	28	\$358.34	\$379.56	\$352.90	\$361.40
HB2	2 - 5	26	27	\$423.51	\$448.58	\$417.08	\$425.73
HB1	2 - 5	26	27	\$354.91	\$375.92	\$349.53	\$358.02
LE2	15 - 16	41	42	\$440.66	\$466.75	\$433.97	\$442.66
LE1	15 - 16	31	31	\$368.63	\$390.45	\$363.04	\$371.56
LD2	11 - 14	37	38	\$423.51	\$448.58	\$417.08	\$425.73
LD1	11 - 14	25	26	\$354.91	\$375.92	\$349.53	\$358.02
LC2	6 - 10	33	33	\$372.06	\$394.09	\$366.42	\$374.94
LC1	6 - 10	18	18	\$313.76	\$332.33	\$308.99	\$317.39
LB2	2 - 5	24	25	\$353.20	\$374.11	\$347.84	\$356.32
LB1	2 - 5	15	15	\$300.04	\$317.80	\$295.48	\$303.85
CE2	15 - 16	35	35	\$392.64	\$415.88	\$386.68	\$395.26
CE1	15 - 16	29	30	\$361.77	\$383.19	\$356.28	\$364.79
CD2	11 - 14	32	32	\$372.06	\$394.09	\$366.42	\$374.94
CD1	11 - 14	22	22	\$341.20	\$361.39	\$336.02	\$344.47
CC2	6 - 10	20	20	\$325.76	\$345.04	\$320.82	\$329.24
CC1	6 - 10	17	17	\$301.75	\$319.61	\$297.17	\$305.54
CB2	2 - 5	16	16	\$301.75	\$319.61	\$297.17	\$305.54
CB1	2 - 5	12	12	\$279.46	\$296.00	\$275.22	\$283.53
CA2	0 - 1	8	8	\$255.45	\$270.57	\$251.57	\$259.83
CA1	0 - 1	6	6	\$238.30	\$252.40	\$234.68	\$242.91
BB2	2 - 5	10	10	\$270.88	\$286.92	\$266.77	\$275.07
BB1	2 - 5	9	9	\$258.88	\$274.20	\$254.95	\$263.22
BA2	0 - 1	4	4	\$224.58	\$237.87	\$221.17	\$229.36
BA1	0 - 1	3	3	\$214.29	\$226.97	\$211.04	\$219.21
PE2	15 - 16	28	29	\$361.77	\$383.19	\$356.28	\$364.79
PE1	15 - 16	23	23	\$344.63	\$365.02	\$339.39	\$347.86
PD2	11 - 14	21	21	\$341.20	\$361.39	\$336.02	\$344.47
PD1	11 - 14	19	19	\$324.05	\$343.23	\$319.13	\$327.55
PC2	6 - 10	14	14	\$293.18	\$310.53	\$288.73	\$297.08
PC1	6 - 10	11	11	\$279.46	\$296.00	\$275.22	\$283.53
PB2	2 - 5	7	7	\$248.59	\$263.30	\$244.82	\$253.06
PB1	2 - 5	5	5	\$238.30	\$252.40	\$234.68	\$242.91
PA2	0 - 1	2	2	\$205.72	\$217.89	\$202.59	\$210.74
PA1	0 - 1	1	1	\$197.14	\$208.81	\$194.15	\$202.28
Default		1	1	\$197.14	\$208.81	\$194.15	\$202.28



ISOLATION OR QUARANTINE FOR ACTIVE INFECTIOUS DISEASE

Isolation or quarantine for active infectious disease does not include standard body/fluid precautions

- Code only when the resident requires strict isolation or quarantine in a separate room because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with a communicable disease, in an attempt to prevent spread of illness.
- Do not code this item if the resident only has a **history** of infectious disease (e.g., MRSA or C-Diff with no active symptoms), but facility policy requires cohorting of similar infectious disease conditions.
- Do not code this item if the “isolation” primarily consists of body/fluid precautions, because these types of precautions apply to everyone.
- Transmission-Based Precautions must also be considered regarding the type and clinical presentation related to the specific communicable disease.
- The three types of transmission-based precautions are
 - Contact
 - Droplet
 - Airborne

More information related to the types of transmission-based precautions can be found in the **2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings**.

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>.

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