

Classification Grid RUG-III

Covers physical therapy, occupational therapy and speech therapy.

	ADL					
RUG Level	Score	Requirements	MDS 2.0 Section			
	REHABILITATION/EXTENSIVE SERVICES					
ULTRA		Rx 720 minutes/week minimum	P1a, P1bb, P1bc			
RUX	16-18	AND				
RUL	7-15	At least 2 disciplines, one at least 5 days/week				
		AND				
		Qualify for Extensive Services*	K5a, P1ac, P1ai, P1aj, P1al			
VERY HIGH	46.40	Rx 500 minutes/week minimum				
RVX	16-18	AND				
RVL	7-15	One discipline at least 5 days/week				
		AND	K5a, P1ac, P1ai, P1aj, P1al			
HIGH		Qualify for Extensive Services* Rx 325 minutes/week minimum	N3a, 1 1ac, 1 1ai, 1 1aj, 1 1ai			
RHX	13-18	AND				
RHL	7-12	One discipline at least 5 days/week				
2	, 12	AND				
		Qualify for Extensive Services*	K5a, P1ac, P1ai, P1aj, P1al			
		If Medicare 5-Day or Readmission or Return				
		Assessment, the following may apply:				
		In last 7 days:				
		Received 65 minutes or more, and in the first				
		15 days from admission:				
		520 minutes or more are expected				
		Rehab services expected on 8 or more days				
MEDIUM		Rx 150 minutes/week minimum				
RMX	15-18	AND				
RML	7-14	5 days/week across 3 disciplines				
		AND	VE D4 D4 : D4 : D4			
		Qualify for Extensive Services*	K5a, P1ac, P1ai, P1aj, P1al			
		Or				
		If Medicare 5-Day or Readmission or Return Assessment, the following may apply:				
		In the first 15 days from admission:				
		 240 minutes or more are expected 				
		Rehab services expected on 8 or more days				
LOW		Rx 45 minutes/week over at least 3 days				
RLX	7-18	AND				
	, 13	Nursing rehabilitation 6 days/week, two				
		activities				
		AND				
		Qualify for Extensive Services*	K5a, P1ac, P1ai, P1aj, P1al			

^{*}Extensive Services qualification based on ADL Sum > 7 and one of the following services:

IV Feeding in last 7 days

- Tracheotomy care in last 14 days
- IV Medications in last 14 days
- Ventilator/Respirator in last 14 days



NOG-III						
	ADL					
RUG Level	Score	Requirements	MDS 2.0 Section			
		SPECIAL REHABILITATION				
ULTRA HIGH RUC RUB RUA	16-18 9-15 4-8	 In last 7 days: Received 720 minutes or more At least 2 disciplines, 1 for at least 5 days 2nd for at least 3 days 	P1ba, P1bb, P1bc			
VERY HIGH RVC RVB RVA	16-18 9-15 4-8	In last 7 days: Received 500 minutes or more At least 1 discipline for at least 5 days	P1ba, P1bb, P1bc			
HIGH RHC RHB RHA	13-18 8-12 4-7	In last 7 days: Received 325 minutes or more At least 1 discipline for at least 5 days, or lf Medicare 5-Day or Readmission or Return Assessment, the following may apply: In last 7 days:	P1ba, P1bb, P1bc			
		 Received 65 minutes or more, and in the first 15 days from admission: 520 minutes or more are expected Rehab services expected on 8 or more days 	P1ba, P1bb, P1bc, T1b, T1c, T1d			
MEDIUM RMC RMB RMA	15-18 8-14 4-7	 In last 7 days: Received 150 minutes or more At least 5 days, any combination 3 disciplines, Or If Medicare 5-Day or Readmission or Return Assessment, the following may apply: In the first 15 days from admission: 240 minutes or more are expected 	P1ba, P1bb, P1bc T1b, T1c, T1d			
LOW RLB RLA	14-18 4-13	 Rehab services expected on 8 or more days In last 7 days: Received 45 minutes or more At least 3 days, any combination 3 disciplines, 2 or more nursing rehabilitation services received for at least 15 minutes each with each administered for 6 or more days, Or 	P1ba, P1bb, P1bc H3a, H3b* P3a, P3b* P3d, P3f* P3c, P3e, P3g, P3h, P3I, P3j			
		 If Medicare 5-Day or Readmission or Return Assessment, the following may apply: In the first 15 days from admission: 75 minutes or more are expected Rehab services expected on 5 or more days 2 or more nursing rehabilitation services received for at least 15 minutes each with each administered for 2 or more days 	T1b, T1c, T1d H3a, H3b* P3a, P3b* P3d, P3f* P3d, P3e, P3g, P3h, P3I, P3j			



SE3 SE3 SE2 SE1 A-5 SE2 ADL sum ≥ 7: SE1 O-1 Parental/IV Plac IV Meds Suctioning Tracheostomy Care Ventilator or Respirator Plal To calculate the Extensive Services Count, Score 1 point for each of the following: Parental / IV IV Meds Plac Ventilator or Respirator Plal To calculate the Extensive Services Count, Score 1 point for each of the following: Parental / IV IV Meds Also meets Special Care Criteria Also meets Clinically Complex Criteria Also meets Impaired Cognition Criteria SPECIAL CARE SSC SSB SSA Any one of the following services received with ADL sum ≥ 7: T-14 Cerebral Palsy, ADL sum ≥ 10 L1s		ADL	
SE3 SE2 SE1 4-5 SE2 Parental/IV SE1 O-1 Parental/IV Sum≥ 7: O-1 Parental/IV Suctioning Suctioning Tracheostomy Care Ventilator or Respirator P1al To calculate the Extensive Services Count, Score 1 point for each of the following: Parental / IV IV Meds Also meets Special Care Criteria Also meets Clinically Complex Criteria Also meets Impaired Cognition Criteria Also meets Impaired Cognition Criteria SPECIAL CARE SSC SSB SSA 7-14 Cerebral Palsy, ADL sum≥ 10 L1s	Requirements MDS 2.0 Section	Score	RUG Level
SE2 SE1 2-3 O-1 Parental/IV Plac IV Meds Suctioning Tracheostomy Care Ventilator or Respirator To calculate the Extensive Services Count, Score 1 point for each of the following: Parental / IV IV Meds Also meets Special Care Criteria Also meets Clinically Complex Criteria Also meets Impaired Cognition Criteria Also meets Impaired Cognition Criteria SPECIAL CARE SSC SSB SSA Any one of the following services received with ADL sum ≥ 7: 7-14 Cerebral Palsy, ADL sum ≥ 10 L1s	EXTENSIVE SERVICES		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	/IV K5a P1ac P1ai stomy Care or or Respirator P1al P	2-3	SE2
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
SSB 15-16 $ADL sum \ge 7$: SSA 7-14 • Cerebral Palsy, ADL sum \ge 10 L1s	<u> </u>		
 Quadriplegic, ADL sum ≥ 10 Fever and 1 of the following: Pneumonia Dehydration Vomiting Weight Loss Tube Feeding* Ulcers (2+ sites over all stages) with 2 or more skin treatments Ulcers (2+ sites over all stages) with 2 or more skin treatments Any stage 3 or 4 pressure ulcer with 2 or more skin treatments Surgical wounds or open lesions with 1 or more treatments Radiation Treatments Radiation Treatments Respiratory therapy = 7 days 	L1s L1w L1z legic, ADL sum ≥ 10 legic, ADL sum ≥ 10 ad 1 of the following: eumonia hydration miting light Loss lee Feeding* eding* and aphasia 2+ sites over all stages) with 2 or in treatments leg 3 or 4 pressure ulcer with 2 or in treatments wounds or open lesions with 1 or eatments n Treatments ory therapy = 7 days L1s L1w L1z J1h and 1 of the following: - J2e - J1c - J1c - J1o - K3a - K5b* K5b* and l1r M1a, b, c, d and 2+ ulcer skin** M2a and 2+ ulcer skin tx** P1ah P1bdA	15-16	SSB



CLINICALLY COMPLEX					
RUG Level	Depressed	ADL Score	Requirements	MDS 2.0 Section	
CC2 CC1 CB2 CB1 CA2 CA1	Yes No Yes No Yes No	17-18 17-18 12-16 12-16 4-11 4-11	 Any one of the following: Coma and Not Awake and Completely ADL dependent Diabetes mellitus and injection 7 days and two Physician order changes in last 14 days Hemiplegia, ADL sum ≥ 10 Pneumonia Septicemia Dehydration Internal Bleeding Tube Feeding Burns Foot Lesions or Infections with treatment Chemotherapy Dialysis Oxygen therapy Transfusions Number of days in last 14, Physician visit or physician order changes: Visits > 1 day and changes ≥ 4 days or Visits > 2 days and changes ≥ 2 days Special Care with ADL sum ≤ 6 	B1 and N1d = V and G1aA, G1bA, G1hA, G1lA = 4,8 I1a and O3 and P8 I1v I2e I2g J1c J1j K5b and (K6a=3,4) or (K6a=2 + K6b=2+) M4b M6b, c and M6f P1aa P1ab P1ag P1ak P7 and P8	



	CLINICALLY COMPLEX (CONTINUED)				
		ADL			
RUG Level	Depressed	Score	Requirements	MDS 2.0 Section	
RUG Level	*Signs of Depression	Score	Requirements At least 3 of the following exhibited in last 30 days: Negative statements Repetitive questions Repetitive verbalization Persistent anger with self and other Self deprecation Expressions of what appear to be unrealistic fears Recurrent statements that something terrible is about to happen Repetitive health complaints Repetitive anxious complaints or concerns (non-health related) Unpleasant mood in morning Insomnia or changes in usual sleep pattern Sad, pained, worried facial expression Crying, tearfulness Repetitive physical movements Withdrawal from activities of interest Reduced social interaction	MDS 2.0 Section E1a = 1,2 E1b = 1,2 E1c = 1,2 E1d = 1,2 E1e = 1,2 E1f = 1,2 E1h = 1,2 E1l = 1,2 E1j = 1,2 E1l = 1,2	
				E1p = 1,2	
			IMPAIRED COGNITION		
		ADL			
RUG Level	Rehab Nsg	Score	Requirements	MDS 2.0 Section	
1B2 1B1 1A2 1A1	Nursing Rehab* Yes No Yes No	6-10 6-10 4-5 4-5	Cognitive Performance Scale score ≥ 3, ADL index < 10. CPS considered 5 MDS items: Coma Short Term Memory Daily Decision Making Making Self Understood Eating Self Performance	B1 B2a B4 C4 G1hA	
			BEHAVIOR		
BB2 BB1 BA2 BA1	Nursing Rehab* Yes No Yes No	6-10 6-10 4-5 4-5	Any of the following behaviors occurred on 4 or more of the last 7 days, ADL index ≤ 10: • Wandering • Verbal Abuse • Physical Abuse • Inappropriate Behavior • Resists Care • Delusions • Hallucinations	E4aA E4bA E4cA E4dA E4eA J1e J1i	

Harmony Healthcare International (HHI)



REDUCED PHYSICAL FUNCTIONING				
RUG Level	Depressed	ADL Score	Requirements	MDS 2.0 Section
	Nursing Rehab*		Residents who are not classified into one of the above groups (Rehabilitation through Behavior) will fall into the Reduced Physical	
PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1	Yes No Yes No Yes No Yes No Yes No	16-18 16-18 11-15 11-15 9-10 9-10 6-8 6-8 4-5 4-5	Function group.	
		*Nl	JRSING REHABILITATION SERVICES	
			 2 or more nursing rehab services, for at least 15 minutes on 6 of last 7 days Any Scheduled Toileting +/or Bladder Retraining Passive and/or Active ROM Splint or Brace Assistance Bed mobility and/or Walking Training Transfer Training Dressing or Grooming Training Eating or Swallowing Training Amputation or Prosthesis Care Communication Training 	H3a +/or H3b P3a +/or P3b P3c P3d +/or P3f P3e P3g P3h P3i