

STEP BY STEP GUIDE TO

ASSIGNING A

CLASSIFICATION



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INTRODUCTION

The following worksheet is a step by step walk through to manually determine the appropriate classification based on the information from an MDS 3.0 assessment.

There are two basic approaches used in a classification system. One is index maximizing in which the classification with the highest rate is used. The other is hierarchical. In this approach, you start at the top, work down and the classification is the first group for which the resident qualifies.

North Dakota uses index maximizing to ensure payment for a resident will be at the highest appropriate level. If a resident qualifies for more than one classification, the classification with the highest case mix index is used.

In the index maximizing approach you start at the top of the model. You would work through all of the 34 classification groups, noting each classification for which the resident qualifies. When finished, you select the classification with the highest case mix index. However, due to the order of the grouping, the system becomes hierarchical from Special Care to Reduced Physical Functioning. This eliminates the need to work through the entire process if a classification is established among these groups.



CALCULATION OF TOTAL “ADL” SCORE

The ADL score is used in all determinations of a resident’s placement in a major category. It is a very important component of the classification process.

► STEP # 1

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

<i>Self Performance:</i>	<i>Support</i>		
Column 1 =	Column 2 =	ADL score =	SCORE
-, 0 or 1, or 7	and (any number)	= 1	G0110A = _____
2	and (any number)	= 3	G0110B= _____
3, 4 or 8	and -, 0, 1 or 2	= 4	G0110I= _____
3, 4 or 8	and 3 or 8	= 5	

► STEP # 2

If S6000 (special treatments and procedures parenteral/IV) in and by the facility is “yes”, the eating ADL score is 3. If K0500B (feeding tube) is checked and either (K0700A) is (1) 51+ % calories or (2) (K0700A) is 26% to 50% calories and (K0700B) 501+ cc. per day fluid enteral intake in the last 7 days, then the eating ADL score is 3. *Enter the ADL score (G0110H1) below and total the ADL score. If not, go to Step # 3.*

► STEP # 3

If neither S6000 is yes, nor K0500B (with appropriate intake) are checked, evaluate the chart below for G0110H1 (eating self-performance). *Enter the score to the right and total the ADL score.* This is the RUG-III **TOTAL ADL SCORE**. (The total ADL score range possibilities are 4 though 18.)

<i>Self Performance:</i>		
Column 1 (G0110H1)	ADL Score=	Eating Score
-, 0, 1, or 7	=1	G0110H1_____
2	=2	
3, 4 or 8	=3	

TOTAL ADL SCORE _____



CATEGORY I: EXTENSIVE SERVICES

The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

► STEP # 1

Is the resident coded for receiving **one** or more of the following extensive services?

S6000 (1 or yes)	Parenteral / IV
S6005 (1 or yes)	IV medication
O0100D1 or O0100D2	Suctioning
O0100E1 or O0100E2	Tracheostomy care
O0100F1 or O0100F2	Ventilator or respirator

If the resident does not receive one of the above, skip to Category II now.

► STEP # 2

If at least **one** of the above treatments is coded and the resident has a total ADL score of 7 or more, he/she classifies as Extensive Services. Move to **Step #3**. **If the resident's ADL score is 6 or less, he/she classifies as Special Care (SSA). Skip to Category III, Step #5 now and record the classification as SSA.**

► **STEP # 3**

The resident classifies in the Extensive Services category. *If the resident has a ventilator/respirator (O0100F1 or O0100F2) or tracheostomy care (O0100E1/ O0100E2) with suctioning (O0100D1/O0100D2), he/she receives 4 points in the extensive count. Go to step #4, page 4 and enter the classification as SE3.* If not, complete the scoring by determining the extensive count. If S6000 (Parenteral IV) is yes (given in the facility), add 1 to the extensive count below. If S6005 (IV Medication) is yes (given in the facility), add 1 to the extensive count below. To complete the extensive count, determine if the resident also meets the criteria for Special Care, Clinically Complex, and Impaired Cognition. The final split into SE1, SE2, or SE3 will be completed after these criteria have been scored. **Go to Category III, Step #1 now.**

S6000 (1 or yes) Parenteral / IV
 S6005 (1 or yes) IV Medication

Extensive Count _____
(Enter this count in Step #4 on page 4.)

If the resident previously met the criteria for the Extensive Services category with an ADL score of 7 or more, complete the Extensive Services classification here.

► **STEP # 4 (Extensive Count Determination)**

Complete the scoring of the Extensive Services by summing the extensive count items:

Page 3	Extensive Count	_____
Page 7	Extensive Count – Special Care	_____
Page 9	Extensive Count – Clinically Complex	_____
Page 11	Extensive Count– Impaired Cognition	_____

Total Extensive Count _____

Select the final Extensive Service classification using the Total Extensive Count.

<u>Extensive Count</u>	<u>Classification</u>
4 or 5	SE3
2 or 3	SE2
0 or 1	SE1

CLASSIFICATION _____

If the classification is not SE3, go to Category II.



CATEGORY II: REHABILITATION

Rehabilitation therapy is any combination of the disciplines of physical, occupational or speech therapy. This information is found in Section O0400. Nursing rehabilitation is also considered for the low intensity classification level. It consists of providing active or passive range of motion, splint/brace assistance, training in transfer, training in dressing/grooming, training in eating/swallowing, training in bed mobility or walking, training in communication, amputation/prosthesis care, any scheduled toileting program, and bladder retraining program. This information is found in Section O0500 and H0200C/H0500 of the MDS Version 3.0.

► STEP # 1

Sum the therapy minutes in section O0400. ST, OT, PT (using the total of individual, concurrent, and group). **If the total number of therapy minutes is less than 45 minutes, the resident does not classify in the Rehabilitation Category. Skip to Category III now.**

► **STEP # 2**

If the total number of therapy minutes is equal to or greater than 45 minutes, use the following to complete the Rehabilitation Classification.

Rehabilitation Criteria (section O0400 [a.ST b. OT c. PT])

In the last 7 days:

- Received 150 or more minutes **AND**
- At least 5 days of any combination of the 3 disciplines **OR**

Alternative Rehabilitation Criteria (section O0400 [a.ST b. OT c. PT] and H0200C, H0500 and/or O0500)

In the last 7 days:

- Received 45 or more minutes **AND**
- At least 3 days of any combination of the 3 disciplines **AND**
- 2 or more nursing rehabilitation services* received for at least 15 minutes each with each administered for 6 or more days

Nursing Rehabilitation Services

- H0200C** **Urinary toileting/ bladder training program or**
- or H0500** **bowel toileting program**
- *O0500A or** **Passive or active ROM**
- O0500B**
- *O0500C** **Splint or brace assistance**
- *O0500D or** **Bed mobility or walking training**
- O0500F**
- O0500E** **Transfer training**
- O0500G** **Dressing or grooming training**
- O0500H** **Eating or swallowing training**
- O0500I** **Amputation/Prosthesis care**
- O0500J** **Communication training**

***Count as one service even if both provided**

<u>ADL Score</u>	<u>Classification</u>
17-18	RAD
14-16	RAC
9-13	RAB
4-8	RAA

CLASSIFICATION _____

If the resident does not classify in the Rehabilitation Category, go to Category III.



CATEGORY III: SPECIAL CARE

The classification groups in this category are based on certain resident conditions. Use the following instructions:

► STEP # 1

Determine if the resident is coded for **one** of the following conditions:

I4400	Cerebral palsy, with ADL sum ≥ 10
I5200	Multiple sclerosis, with ADL sum ≥ 10
I5100	Quadriplegia, with ADL sum ≥ 10
J1550A	Fever and one of the following:
	I2000 Pneumonia
	J1550C Dehydration
	J1550B Vomiting
	K0300 Weight loss
	K0500B Tube feeding*
K0500B & I4300	Tube feeding* and aphasia
M0300 A,B1,C1,D1,F1	Ulcers 2+ sites over all stages with 2 or more skin treatments**
M0300 C1, D1, F1	Any stage 3 or 4 pressure ulcer with 2 or more skin treatments**
M1030	Stasis Ulcer 2+ sites with 2 or more skin treatments**
M1040E or	Surgical wounds or open lesions with 1 or more skin treatments***
M1040D	
O0100B1/ O0100B2	Radiation treatment
O0400D2	Respiratory therapy = 7 days

Tube feeding classification requirements:

- (1) ***K0700A is 51+% calories OR***
- (2) ***K0700A is 26% to 50% calories and K0700B is 501 + cc. per day fluid enternal intake in the last 7 days.***

****Skin treatments:**

M1200A &/or	Pressure relieving chair and/or bed
M1200B#	
M1200C	Turning/repositioning
M1200D	Nutrition or hydration intervention
M1200E	Ulcer care
M1200G	Application of dressings (not to feet)
M1200H	Application of ointments (not to feet)

*****Skin treatments:**

M1200F Surgical wound care
M1200G Application of dressing (not to feet)
M1200H Application of ointments (not to feet)

#Count as one treatment even if both provided

If the resident does not have one of the above conditions, skip to Category IV now.

► STEP # 2

If the resident's ADL score is 6 or less, the resident does not classify as Special Care. **Skip to Category IV, Step #4.**

► STEP # 3 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category and the evaluation of the Special Care category is done only to determine if the resident is an SE1, SE2 or SE3. **Enter 1 for the extensive count below and skip to Category IV, Step #1.**

Extensive Count _____
 (Enter this count in Step #4 on page 4.)

► STEP # 4

If at least one of the special care conditions above is coded and the ADL score is 7 or more, **the resident classifies in the Special Care category. Select the Special Care classification below based on the ADL score and record this classification in Step #5.**

<u>ADL Score</u>	<u>Classification</u>
17 - 18	SSC
15 - 16	SSB
7 - 14	SSA

► STEP # 5

Record the appropriate Special Care classification:

CLASSIFICATION _____

If the resident classifies as Special Care, skip to page 18 and assign classification with highest case mix index.

If the resident does not classify in the Special Care category, go to Category IV.



CATEGORY IV: CLINICALLY COMPLEX

The classification groups in this category are based on certain resident conditions. Use the following instructions:

► STEP # 1

If the resident previously met criteria for Special Care, but has an ADL score of 6 or less, **go to Step #4.**

► STEP # 2

Determine if the resident is coded for at least **one** of the following conditions:

B0100	Coma (yes) and completely ADL Dependent for self performance G0110A1, G011B1, G0110H1, G0110I1= (4 or 8)
I2900, N0300	Diabetes mellitus and injection 7 days and
O0700	Physician order changes \geq 2 days
I4900	Hemiplegia with ADL sum \geq 10
I2000	Pneumonia
I2100	Septicemia
J1550C	Dehydration
J1550D	Internal bleeding
K0500B	Tube feeding*
M1040F	Burns
M1040A,B	Foot problems with treatment M1200I (application of dressing)
M1040C	
O0100A1or	Chemotherapy
O0100A2	
O0100J1 or	Dialysis
O0100J2	
S6010 (1 or yes)	Oxygen therapy
O0100I1 or	Transfusions
O0100I2	
O0600 or	Number of Days in last 14, Physician Visit/order changes:
O0700	<ul style="list-style-type: none"> • Visits \geq 1 day and changes \geq 4 days OR • Visits \geq 2 days and changes \geq 2 days

*Tube feeding classification requirements

- (1) K0700A is 51% calories OR
- (2) K0700A is 26% to 50% calories and K0700B is 501+ cc. per day fluid enteral intake in the last 7 days.

If the resident does not have at least one of the above conditions, skip to Category V now.

► STEP # 3 (Extensive Count Determination)

If the resident previously met the criteria for the Extensive Services category, the evaluation of the Clinically Complex category is done only to determine if the resident is an SE1, SE2, or SE3. **Enter 1 for the extensive count below and skip to Category V Step #1.**

Extensive Count _____
(Enter this count in Step #4 on page 4.)

► STEP # 4

Another possible split in the Clinically Complex category is to evaluate for depression or sad mood by using:

- (1) D0300 Total Severity Score which adds scores for all frequency responses in Section D0200, "The Resident Mood Interview" questions A through I. If D0300 is scored a 99 (unable to complete interview), D0600 is used.
- (2) D0600 total Severity Score adds scores for all frequency responses in Section D0500 "Staff Assessment of Resident Mood" questions A through J.

If D0300 is greater than 9 and less than 28 the individual scores for depression.
 If D0300 is 99, and D0600 is used, and score is greater than 9 the individual scores for depression

► STEP # 5

Assign the Clinically Complex category based on both the ADL score and the presence or absence of depression.

<u>ADL Score</u>	<u>Depressed</u>	<u>Classification</u>
17 – 18	YES	CC2
17 – 18	NO	CC1
12 – 16	YES	CB2
12 – 16	NO	CB1
4 – 11	YES	CA2
4 – 11	NO	CA1

CLASSIFICATION _____

If the resident classifies as Clinically Complex, skip to page 18.



CATEGORY V: IMPAIRED COGNITION

The classification groups in this category are based on certain resident conditions. Use the following instructions:

► STEP # 1

The resident's total ADL score must be 10 or less to be classified in the Impaired Cognition categories. **If the ADL score is greater than 10, skip to Category VII now. If the ADL score is 10 or less, proceed with Step #2.**

► STEP # 2

If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.

Determine the resident's cognitive status based on resident interview using the BIMS. The BIMS items include:

C0200	Repetition of three words
C0300 A,B,C	Temporal orientation
C0400 A,B,C	Recall

Items C0500 provides the BIMS Summary Score for these items and indicates the resident's cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance.

Determine whether the resident is cognitively impaired. If the resident's Summary Score is less than or equal to 9, he or she is cognitively impaired and classifies in Impaired Cognition category.

If the resident's summary score is greater than 9 but not 99, proceed to the Behavior Problems Category.

If the residents Summary Score is 99 (THE RESIDENT INTERVIEW UNSUCCESSFUL) or the Summary Score is blank (RESIDENT INTERVIEW NOT ATTEMPTED AND SKIPPED) or the Summary Score has a dash value (NOT ASSESSED) proceed to Step #3 to check staff assessment for cognitive impairment.

► **STEP #3**

Determine if the resident is cognitively impaired according to the Cognitive Performance Scale (CPS). The resident is cognitively impaired if **one** of the two following conditions exists.

- (1) C1000 Severely impaired cognitive skills (C1000=3)

- (2) C0700 These three items are all assessed with
C1000 none being blank or unknown (N/A)
B0700 **AND**
 Two or more of the following impairment indicators are present
 C0700 = 1 Short term memory problem
 C1000 > 0 Cognitive skills problem
 B0700 > 0 Problem being understood
AND
 One or more of the following severe impairment indicators are
 present:
 C1000 >= 2 Severe cognitive skills problem
 B0700 >=2 Severe problem being understood

If the resident does not meet the criteria for Impaired Cognition, skip to Category VI now.

► **STEP # 4 (Extensive Count Determination)**

If the resident previously met the criteria for the Extensive Services category, the evaluation of the Impaired Cognition category is done to determine if the resident is in SE1, SE2, or SE3. **Enter 1 for the extensive count below and skip to Step #4 on page 4, "Category II: Extensive Services (cont.)"**

Extensive Count _____
(Enter this count in Step #4 on page 4.)

► **STEP # 5**

Determine Nursing Rehabilitation Count

To count as a nursing rehabilitation service, a service must be provided for 15 or more minutes a day for 6 or more of the last 7 days. Count the number of the following nursing rehabilitation services

<i>H0200C or H0500</i>	<i>Urinary toileting/ bladder retraining Program or bowel toileting program</i>
<i>*O0500A or O0500B</i>	<i>Passive or active ROM</i>
<i>*O0500C</i>	<i>Splint or brace assistance</i>
<i>*O0500D or O0500F</i>	<i>Bed mobility or walking training</i>
<i>O0500E</i>	<i>Transfer training</i>
<i>O0500G</i>	<i>Dressing or grooming training</i>
<i>O0500H</i>	<i>Eating or swallowing training</i>
<i>O0500I</i>	<i>Amputation/Prosthesis care</i>
<i>O0500J</i>	<i>Communication training</i>

****Count as one service even if both provide**

Nursing Rehabilitation Count _____

► **STEP # 6**

Select the final classification by using the total ADL score and the Nursing Rehabilitation Score.

<u>ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>Classification</u>
6 - 10	2 or more	IB2
6 - 10	0 or 1	IB1
4 - 5	2 or more	IA2
4 - 5	0 or 1	IA1

CLASSIFICATION _____

If the resident classifies as impaired cognition, skip to page 19.



CATEGORY VI: BEHAVIOR PROBLEMS

► STEP # 1

The resident's total ADL score must be 10 or less. **If the score is greater than 10, skip to Category VII now.**

► STEP # 2

At least one of the following must be met:

- E0900 Wandering (2 or 3)
- E0200B Verbal abuse (2 or 3)
- E0200A Physical abuse (2 or 3)
- E0200C Inappropriate behavior (2 or 3)
- E0800 Resisted care (2 or 3)
- E0100B Delusions
- E0100A Hallucinations

If the resident does not meet at least one of the above, skip to Category VII now.

► **STEP # 3**

Determine Nursing Rehabilitation

To count as a nursing rehabilitation service a service must be provided for 15 or more minutes a day for 6 or more of the last 7 days. Count the number of the following nursing rehabilitation services:

Enter the nursing rehabilitation count to the right

- H0200C,H0500* Urinary toileting/ bladder training program or bowel Toileting program
 - O0500A,O0500B* Passive or active ROM
 - O0500C Splint or brace assistance
 - O0500D,O0500F* Bed mobility or walking training
 - O0500E Transfer training
 - O0500G Dressing or grooming training
 - O0500H Eating or swallowing training
 - O0500I Amputation/Prosthesis care
 - O0500J Communication training
- *Count as one service even if both provided***

Nursing Rehabilitation Count _____

► **STEP # 4**

Select the final classification by using the total ADL score and the Nursing Rehabilitation Count.

<u>ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>Classification</u>
6 - 10	2 or more	BB2
6 - 10	0 or 1	BB1
4 - 5	2 or more	BA2
4 - 5	0 or 1	BA1

CLASSIFICATION _____

If the resident classifies as Behavior Problems, skip to page 18.



CATEGORY VII: REDUCED PHYSICAL FUNCTIONS

► **STEP # 1**

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Impaired Cognition or Behavior Problems categories but have an ADL score greater than 10, are placed in this category.

► **STEP # 2**

Determine Nursing Rehabilitation

To count as a nursing rehabilitation service a service must be provided for 15 or more minutes a day for 6 or more of the last 7 days. Count the number of the following rehabilitation services:

- | | |
|----------------|---|
| H0200C,H0500* | Urinary toileting/bladder training program or bowel Toileting program |
| O0500A,O0500B* | Passive or active ROM |
| O0500C | Splint or brace assistance |
| O0500D,O0500F* | Bed mobility or walking training |
| O0500E | Transfer training |
| O0500G | Dressing or grooming training |
| O0500H | Eating or swallowing training |
| O0500I | Amputation/Prosthesis care |
| O0500J | Communication training |

****Count as one service even if both provided***

Nursing Rehabilitation Count _____

► **STEP # 2**

Select the classification by using the ADL score and the Nursing Rehabilitation Count.

<u>ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>Classification</u>
16 - 18	2 or more	PE2
16 - 18	0 or 1	PE1
11 - 15	2 or more	PD2
11 - 15	0 or 1	PD1
9 - 10	2 or more	PC2
9 - 10	0 or 1	PC1
6 - 8	2 or more	PB2
6 - 8	0 or 1	PB1
4 - 5	2 or more	PA2
4 - 5	0 or 1	PA1

CLASSIFICATION _____

Enter classification on page 18



RESIDENT CLASSIFICATION

Enter all classifications previously determined.
Using each classification the resident qualifies for assign the classification with the highest case mix index using the chart below.

Classification	Case Mix Index
SE3	2.62
SE2	1.72
SE1	1.56

RAD	1.79
RAC	1.54
RAB	1.26
RAA	1.07

SSC	1.50
SSB	1.39
SSA	1.33

CC2	1.46
CC1	1.27
CB2	1.18
CB1	1.17
CA2	1.08
CA1	1.02

Classification	Case Mix Index
IB2	0.98
IB1	0.88
IA2	0.80
IA1	0.67

BB2	0.97
BB1	0.85
BA2	0.69
BA1	0.63

PE2	1.04
PE1	0.96
PD2	0.95
PD1	0.87
PC2	0.86
PC1	0.84
PB2	0.75
PB1	0.68
PA2	0.66
PA1	0.62

Classification	Case Mix Index

HIGHEST CLASSIFICATION _____