RUG-III WORKSHEET CHANGES FROM VERSIONS DATED 12/11/98 TO VERSIONS DATED 08/16/00

September 12, 2000

This document summarizes the changes made to the RUG-III Worksheets with the new versions of those worksheets dated 8/16/00. The changes are separately summarized for the 44-group and 34-group worksheets. The changes summarized are limited to those that are substantive in nature. Minor editorial changes (correction of misspellings or minor wording changes) have not been included.

RUG-III 44-GROUP WORKSHEET

New Version: Dated 8/16/00 (bottom left of each page) and download file named ***mds44ws2.pdf*** on the HCFA web site.

Prior Version: Dated 12/11/98 (bottom left of each page) and download file named ***mds44ws.pdf*** on the HCFA web site.

Logic Corrections:

1. Rehabilitation classification (page 6):

   ERROR IN PRIOR VERSION:
   In the prior version, the initial step for the Rehabilitation Category was to determine total minutes of therapy (across physical, occupational, and speech therapy) actually received and skip Rehabilitation classification unless this total was 45 minutes or more (page 6). This was erroneous logic. A Medicare PPS 5-day or readmission/return assessment can lead to a Rehabilitation classification based on ordered therapies even when less than 45 minutes of therapies have been received.

   CORRECTION IN NEW VERSION:
   In the new version, the initial step skipping Rehabilitation classification when minutes of therapy are less than 45 has been removed.

Clarifications:

1. Introductory comments (pages 1 and 2):

   CLARIFICATION IN NEW VERSION:
   More detailed description of the differences between the 44-group and 34-group models has been included. Description of the distinction between hierarchical and index maximizing classification has been expanded, and the use of the worksheet for both types of classification has been clarified.

2. Tube feeding (K5b) consideration for the ADL score (page 5), for Special Care classification (page10), and for Clinically Complex classification (page 12):

    CLARIFICATION IN NEW VERSION:
       The statement "K6a is 51+ %" has been changed to "K6a is 51 % or more", and the statement "K6b is 501+ cc" has been changed to "K6b is 501 cc or more".

3. Infection of foot consideration for Clinically Complex classification (page12):

    CLARIFICATION IN NEW VERSION:
       The condition for infection of the foot was clarified by adding explicit reference to the two items indicating infection of the foot as follows:
       PRIOR VERSION STATEMENT:
              M6b,c,f   Infection of foot with treatment in M6f
       CLARIFIED NEW VERSION STATEMENT:
              M6b,c,f   Infection of foot (M6b or M6c) with treatment in M6f

4. Depression determination within the Clinically Complex category (page 13):

    CLARIFICATION IN NEW VERSION:
       At the bottom of the depression section, the worksheet user is asked to indicate depression by checking "Yes" or "No". In the new version, a clarifying statement has been added to remind the user that the resident is considered depressed if 3 or more of the indicators of depression are present.

RUG-III 34-GROUP WORKSHEET

New Version: Dated 8/16/00 (bottom left of each page) and download file named ***mds34ws2.pdf*** on the HCFA web site.

Prior Version: Dated 12/11/98 (bottom left of each page) and download file named ***mds34ws.pdf*** on the HCFA web site.

Logic Corrections:

1. Extensive Services classification (page 6):

    ERRORS IN PRIOR VERSION:
       In the prior version in Extensive Services Step #2, if a resident received a qualifying extensive service but had an ADL score less of 6 or less, the worksheet instructions were to skip directly to Special Classification and classify the resident as SSA. This was incorrect. Given the hierarchy for the 34-group model (Extensive Services, then Rehabilitation, then Special Care), a resident not classifying as Extensive Services should be checked for Rehabilitation qualification before Special Care.

    CORRECTIONS IN NEW VERSION:
       The Extensive Services logic was corrected. All residents who do not classify as Extensive Services must next be check for Rehabilitation qualification.

Clarifications:

1. Introductory comments (pages 1 and 2):

    CLARIFICATION IN NEW VERSION:
    More detailed description of the differences between the 44-group and 34-group models has been included. Description of the distinction between hierarchical and index maximizing classification has been expanded, and the use of the worksheet for both types of classification has been clarified.

2. Special Care logic (page 9):

    CLARIFICATION IN NEW VERSION:
    In the new version, the Special Care logic has been clarified to insure residents with Extensive Services but with an ADL score of 6 or less are qualified for Special Care. The Extensive Services qualifiers have been repeated in the Special Care section to accommodate such residents.

3. Tube feeding (K5b) consideration for the ADL score (page 5), classification for Special Care (page 9), and classification for Clinically Complex (page 12):

    CLARIFICATION IN NEW VERSION:
    The statement "K6a is 51+ %" has been changed to "K6a is 51 % or more", and the statement "K6b is 501+ cc" has been changed to "K6b is 501 cc or more".

4. Infection of foot consideration for Clinically Complex classification (page12):

    CLARIFICATION IN NEW VERSION:
    The condition for infection of the foot was clarified by adding explicit reference to the two items indicating infection of the foot as follows:
    PRIOR VERSION STATEMENT:
    M6b,c,f   Infection of foot with treatment in M6f
    CLARIFIED NEW VERSION STATEMENT:
    M6b,c,f   Infection of foot (M6b or M6c) with treatment in M6f

5. Depression determination within the Clinically Complex category (page 13):

    CLARIFICATION IN NEW VERSION:
    At the bottom of the depression section, the worksheet user is asked to indicate depression by checking "Yes" or "No". In the new version, a clarifying statement has been added to remind the user that the resident is considered depressed if 3 or more of the indicators of depression are present.