

SNF PPS and RUG-IV

June 23, 2010

RUG-IV Background₁

STRIVE – Staff Time and Resource Intensity Verification

- Why
 - 1990, 1995, 1997 studies
 - Practice changes, resident mix changes, and technology advances
- What
 - Data collection
 - Staff time
 - Assessment data – MDS 2.0, STRIVE Addendum

RUG-IV Background₂

- When
 - Spring '06 – Summer '07
- Where
 - 15 States
 - 9721 residents (MDS and 48 hrs nursing)
- Outcome
 - Practice has changed, technology advances impact care, resident mix and staff mix changes

RUG-IV Background₃

RUG-IV

- o 8 classification levels; 66 Groups
- o Conditions - added/ removed/ moved conditions
- o ADL index – new, consistent splits
- o Depression – expanded

RUG-IV

Look-back Period

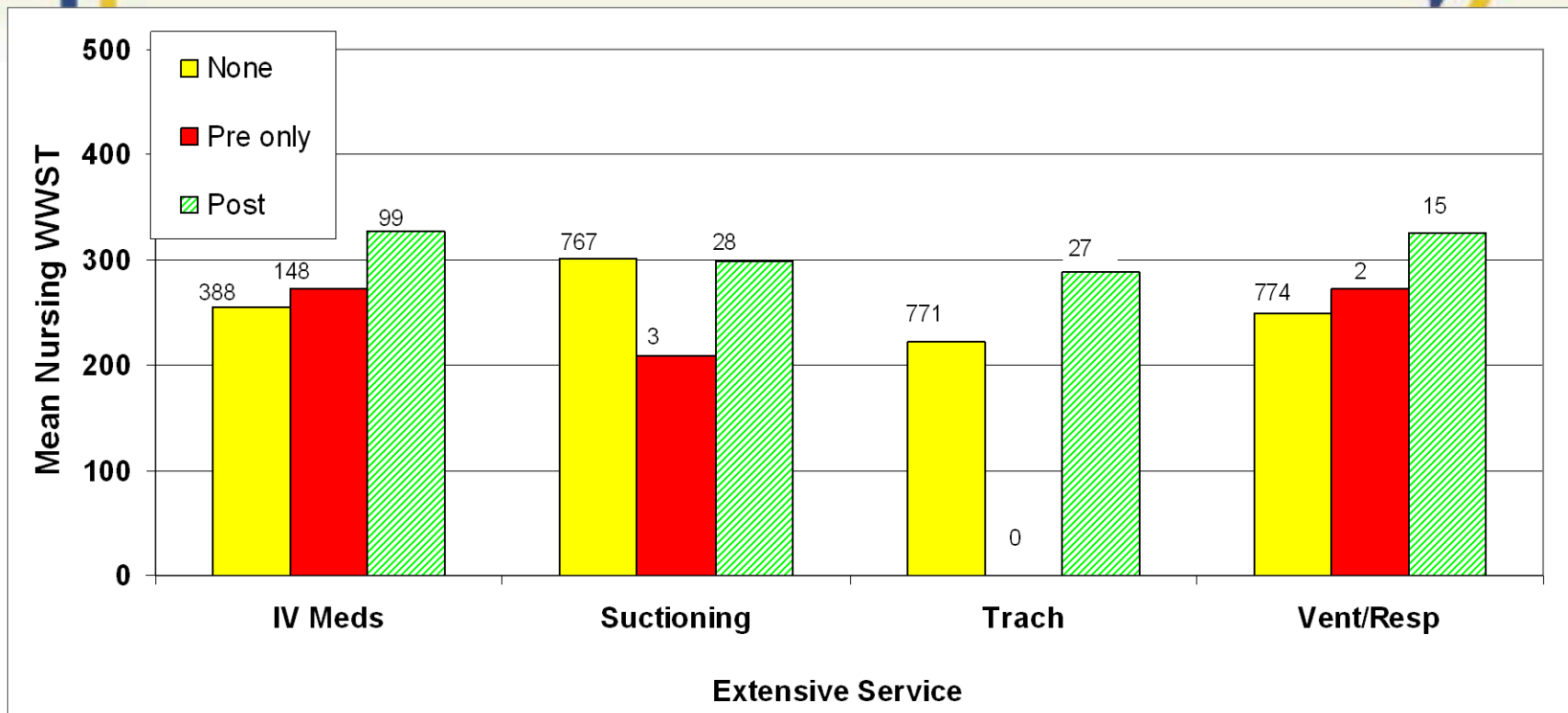
Look-Back

Services prior to admission/reentry to the SNF

- o Section O, Items O0100, column 2
 - Only services since admission/ reentry to facility (i.e., while a resident)
- o Section K, Parenteral/IV feeding and Feeding tube
 - Coding allows services prior to admission/reentry as long as requirements met (calories/fluid)

* STRIVE Results*

Mean Nursing WWST by Pre/Post Extensive Service



Conclusion: Patients receiving services during the SNF stay require significantly greater resources.

WWST = Wage weighted staff time

RUG-IV “Look-Back” Period

CONCLUSION

Services furnished only during the prior hospital stay do not translate into greater staff resource use after admission to the SNF

RUG-IV

ADL Coding Requirements

RUG-IV ADL Score₁

Similarities with RUG-III

- 4 late loss ADLs - Bed mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I), Eating (G0110H)
- ADL score range
- Used as an end split for most categories
- Many categories have minimum or maximum score requirement
- Some conditions have a minimum score requirement

RUG-IV ADL Score₂

Differences from RUG-III

- Score range 0-16
- Standardized index – Rehab (2-10, 11-16; 0-5, 6-10, 11-16); Clinical (0-1, 2-5, 6-10, 11-14, 15-16)
- Eating Score
 - Self-Performance + Support
 - No longer use Parenteral/IV feeding or tube feeding
- Activity did not occur (8's)

RUG-IV ADL Score₃*

ADL Category	Self-Performance Score	Support Score	ADL Score
Bed mobility	-, 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
Eating	-, 0, 1, 2, 7, or 8	-, 0, 1, or 8	0
	-, 0, 1, 2, 7, or 8	2 or 3	2
	3 or 4	-, 0, or 1	2
	3	2 or 3	3
	4	2 or 3	4

*Long-Term Care Facility Resident Assessment Instrument User's Manual, version 3.0, Chapter 6, Section 6.6

RUG-IV

Rehabilitation

Skilled Therapy

Skilled Therapy Services

- Ordered by a physician
- Active written treatment plan
- Level of complexity & sophistication; judgment, knowledge, skill of therapist
- Accepted standards of medical practice
- Reasonable & necessary
- Plan of care certified (Part B)

^abbreviated list, refer to Pub. 100-2, chapters 8 & 15

Therapy Modes

MDS 3.0 requires coding of the 3 different therapy modes

- o Individual
- o Concurrent
- o Group

Definitions are applied by payer for that resident – Part A versus Part B

Individual Therapy

Part A & B

The treatment of 1 resident at a time.
Resident is receiving the therapist's or
assistant's full attention

Treatment of a resident individually at
intermittent times during the day is
individual treatment

Minutes of individual treatment are added for
the daily count

Concurrent Therapy

Part A

The treatment of 2 residents at the same time, who are not performing same or similar activities, regardless of payer source, both residents must be in line-of-sight of treating therapist or assistant

Part B

Concurrent is not recognized. Treatment is either individual or group

Group Therapy

Part A

The treatment of 2 to 4 residents at the same time, regardless of payer source, performing same or similar activities, supervised by a therapist/assistant who is not supervising any other individual

Part B

The treatment of 2 or more residents at the same time, regardless of payer source, who may or may not be performing similar activities

Therapy Minutes_{revised}

Recording therapy minutes on MDS

- o Actual minutes
 - Skilled time, family education when resident present
- o Set-up time*
 - Is the time to prepare or adjust the treatment area/equipment
- o Since admission/readmission (following eval)

Claim may not match MDS exactly

*aide time spent on set-up for skilled therapy is counted on the MDS

Therapy Minutes

Do not include

- o Initial evaluation time
- o Documentation
- o Not medically necessary
- o Non-therapeutic rest
- o Non-skilled services
- o Treatment that does not meet therapy mode definitions

Therapy Dates

Therapy Start Date

- o Date most recent therapy regimen started
- o Date initial therapy evaluation is conducted, regardless if treatment was rendered or not

Therapy End Date

- o Date most recent therapy regimen ended
- o Last date the resident received skilled therapy treatment

REMINDERS_{revised}

Report actual therapy minutes on MDS

- o Do not round
- o Grouper applies concurrent and group methodology

Therapy definitions and limitations must be applied consistently whether or not the resident is in the assessment window

Resident's non-therapeutic rest time is not counted

Only therapy aide set-up time for skilled therapy is counted

RUG-IV

Rank these conditions from high to low based on the resources generally needed to treat a SNF beneficiary:

1. Septicemia
2. Ventilator-dependent
3. IV Medication
4. Comatose
5. Surgical Wound Care

Average Resource Time from Strive Data

1. Ventilator	405 (Minutes)
2. Septicemia	213
3. Comatose	197
4. Surgical Wound Care	146
5. IV Medication	130

Estimated RUG-IV Rates

Condition	Minutes	RUG-III	Est. RUG-IV
Ventilator	405	\$362 (SE3)	\$661 (ES3)
RHB		\$349 (RHB)	\$434 (RHB)
Septicemia	213	\$223 (CA2)	\$390 (HB2)
Comatose	197	\$248 (CC1)	\$371 (HE1)
Surg. Wounds	146	\$253 (CC2)	\$300 (CC2)
IV Medication	130	\$276 (SE2)	\$278 (CB2)

Questions