RCS-I Model Calculation Worksheet for SNFs

The purpose of this Resident Classification System, Version 1.0 (RCS-I) calculation worksheet is to provide a step-by-step walk-through to manually determine a resident's RCS-I classification based on the data from an MDS assessment. The worksheet is a narrative representation of the grouper logic. We have carefully reviewed the worksheet to ensure that it represents the logic currently discussed in the SNF PPS Advance Notice of Proposed Rulemaking (82 FR 20980) (ANPRM).

In the RCS-I model, there are four case-mix adjusted components: Physical and Occupational Therapy (PT/OT), Speech-Language Pathology (SLP), Non-Therapy Ancillary (NTA), and Nursing. Each resident would be classified into one and only one group for each of the four case-mix adjusted components. In other words, each resident is classified into a PT/OT group, an SLP group, an NTA group, and a nursing group. For each of the case-mix adjusted components, there are a number of groups to which a resident may be assigned, based on the relevant MDS 3.0 data. Specifically, there are 30 PT/OT groups, 18 SLP groups, 6 NTA groups, and 43 nursing groups. As opposed to RUG-IV, in which a resident's classification into a single group determines the case-mix indexes and per-diem rates for all case-mix adjusted components, RCS-I classifies residents into a separate group for each of the case-mix adjusted components, which each have their own associated case-mix indexes and per diem rates. Additionally, RCS-I applies variable per diem payment adjustments to two components, PT/OT and NTA, to account for changes in resource use over a stay. The adjusted PT/OT and NTA per diem rates are then added together with the unadjusted SLP and nursing component rates and the non-case-mix component, as is done under RUG-IV, to determine the full per diem rate for a given resident.

The logic outlined below should be used in considering the RCS-I model discussed in the ANPRM.

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Calculation of Cognitive Function Scale (CFS) Score

RCS-I

The Cognitive Function Scale (CFS) score is utilized in RCS-I resident classification for both the PT/OT and SLP payment components. The CFS score is calculated based on scores for two other cognitive measures, the Brief Interview for Mental Status (BIMS) and the Cognitive Performance Scale (CPS). The CFS assigns one of four cognitive performance levels based on a resident's BIMS or CPS score.

STEP #1

Determine the resident's BIMS Summary Score on the MDS 3.0 based on the resident interview. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS involves the following items:

C0200 Repetition of three words

C0300 Temporal orientation

C0400 Recall

Item C0500 provides a BIMS Summary Score that ranges from 00 to 15. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

If the resident's Summary Score is 99 (resident interview not successful) 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 #2 to calculate the resident's Cognitive Performance Scale (CPS) score. Otherwise, proceed to Step #3.

STEP #2

If the resident's Summary Score is 99 or the Summary Score is blank or has a dash value, then calculate the resident's CPS score using the following steps:

A) If resident is comatose (B0100 = 1), then the CPS score is 6. If this is not the case, proceed to Step B.

B) If the resident is not comatose (B0100 = 0), then check if the resident has severely impaired cognitive skills (C1000 = 3). If this is the case, then the CPS score is 6 if in addition to impaired cognitive skills, the resident is completely dependent for eating or the eating ADL did not occur (G0110H1 = 4 or 8). The CPS score is 5 if the resident is not completely dependent for eating (G0110H1 does not equal 4 or 8). Otherwise, if the resident is not comatose (B0100 = 0) and the resident does not have severely impaired cognitive skills (C1000 does not equal 3), go to Step C.

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C) If CPS does not equal 5 or 6 based on Steps A and B, determine the resident's Basic Impairment Count and Severe Impairment Count.

For each of the conditions below that applies, add one to the Basic Impairment Count.

a. In Cognitive Skills for Daily Decision Making, resident has modified independence or is moderately impaired (C1000 = 1 or 2).
b. In Makes Self Understood, resident is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).
c. Based on the Staff Assessment for Mental Status, resident has memory problem (C0700 = 1).

Sum a, b, and c to get the Basic Impairment Count:____

For each of the conditions below that applies, add one to the Severe Impairment Count.

a. In Cognitive Skills for Daily Decision Making, resident is moderately impaired (C1000 = 2).
b. In Makes Self Understood, resident is sometimes understood or rarely/never understood (B0700 = 2 or 3).

Sum a and b to get the Severe Impairment Count:____

D) If CPS does not equal 5 or 6 based on Steps A and B and the Basic Impairment Count is 2 or 3 then follow the steps below.

a. If Severe Impairment Count is 2, then CPS equals 4.
b. If Severe Impairment Count is 1 then CPS equals 3.
c. If Severe Impairment Count is 0 then CPS equals 2.

E) If CPS does not equal 2 through 6 based on Steps A through D and the Basic Impairment Count equals 1 then CPS equals 1.

F) Otherwise, if CPS does not equal 1 through 6 based on Steps A through E and the Basic Impairment Count equals 0 then CPS equals 0.

CPS Score: ____

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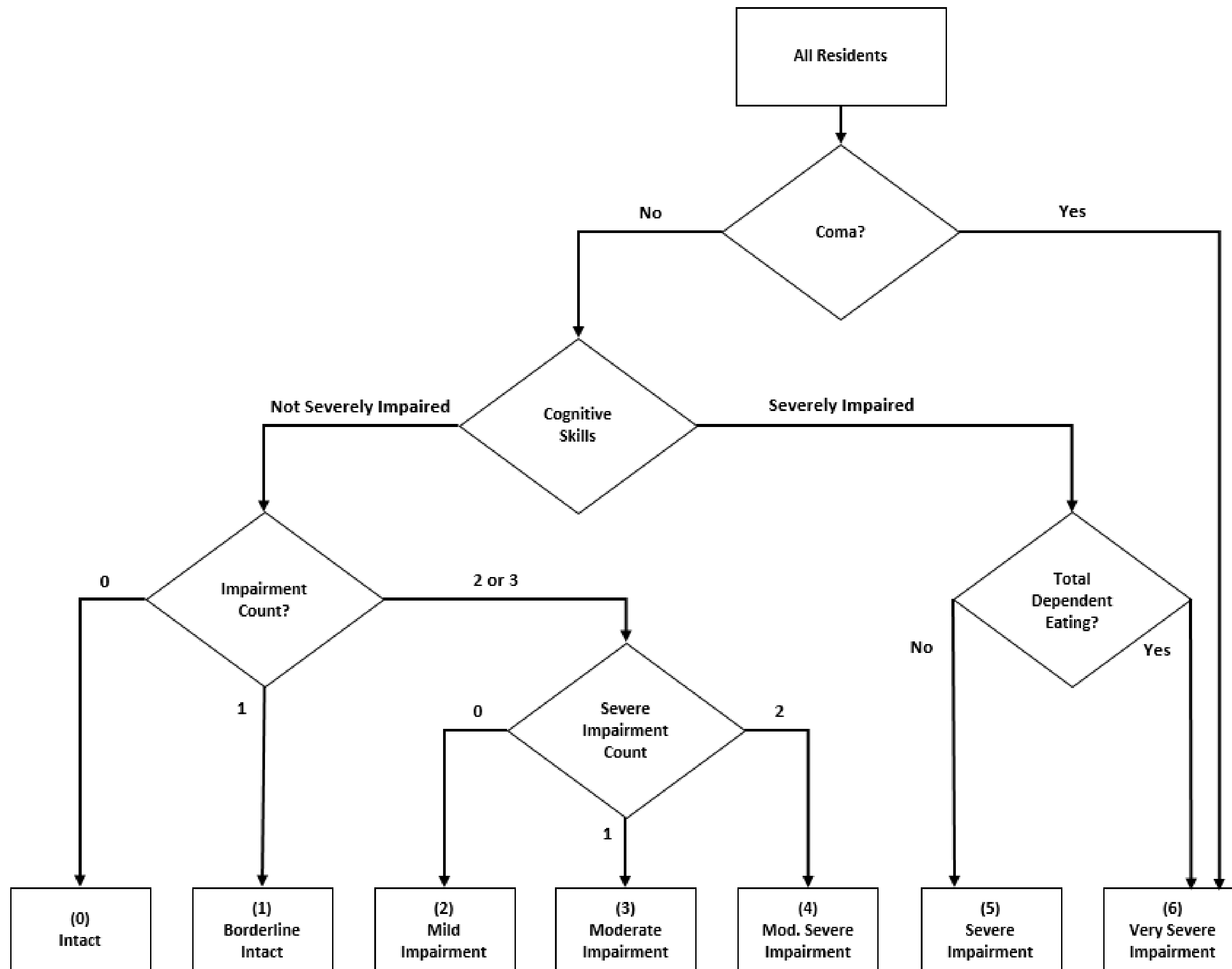
Figure 1: Calculation of Cognitive Performance Scale (CPS) Score



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STEP #3

Calculate the resident's CFS score using the following mapping:

Table 1: Calculation of CFS Score:

CFS Levels	BIMS Score	CPS Score	CFS Score
Cognitively Intact	13-15	-	1
Mildly Impaired	8-12	0-2	2
Moderately Impaired	0-7	3-4	3
Severely Impaired	-	5-6	4

CFS Score: ____

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Calculation of Total ADL Score

RCS-I

The ADL score is a component of the calculation for placement in RCS-I nursing groups. The ADL score is based upon the four "late loss" ADLs (bed mobility, transfer, toilet use, and eating), and this score indicates the level of functional assistance or support required by the resident. It is a very important component of the classification process.

STEP # 1

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

Self-Performance Column 1 =		Support Column 2 =	ADL Score =	SCORE
-, 0, 1, 7, or 8	**and**	(any number)	0	G0110A =
2	**and**	(any number)	1	G0110B =
3	**and**	-, 0, 1, or 2	2	G0110I =
4	**and**	-, 0, 1, or 2	3	
3 or 4	**and**	3	4	

STEP # 2

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

Self-Performance Column 1 (G0110H) =		Support Column 2 =	ADL Score =	SCORE
-, 0, 1, 2, 7, or 8	**and**	2 or 3	2	
3	**and**	2 or 3	3	

STEP # 3

Add the four scores for the total ADL score. This is the **RCS-I TOTAL ADL SCORE.** The total ADL score ranges from 0 through 16.

TOTAL RCS-I ADL SCORE _______

Other ADLs are also very important, but the research indicates that the late loss ADLs predict resource use most accurately. The early loss ADLs do not significantly change the classification hierarchy or add to the prediction of resource use.

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Payment Component: PT/OT

RCS-I

STEP #1

Determine the resident's clinical category. To do so, first select the most appropriate category from the list below based on the resident's primary SNF diagnosis.

Table 2: Primary Diagnosis Clinical Category Description

Primary Diagnosis Clinical Category	Description
Major Joint Replacement or Spinal Surgery	Received major joint replacement (hip, knee, shoulder or ankle) or spinal surgery during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Surgical Procedures on Extremities	Received major orthopedic surgery (other than a major joint replacement or spinal surgery) during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Surgical - Non-Orthopedic	Received a significant non-orthopedic surgical procedure during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Acute Infections	Treated for an infection during the prior inpatient stay that requires continued care (and use of non-therapy ancillary services such as medications) during the skilled nursing facility stay.
Cardiovascular and Coagulations	Treatment for a cardiovascular condition or a coagulation problem (e.g., thrombosis or deficiency in clotting factors).
Pulmonary	Diagnosed with a respiratory condition requiring treatment with various non-therapy ancillary services (e.g., oxygen, respiratory, or inhalation treatments).
Non-Surgical Orthopedic/Musculoskeletal	Diagnosed with and being actively treated for a non-surgical orthopedic or musculoskeletal condition which requires rehabilitative, nursing and non-therapy ancillary intervention.
Acute Neurologic	Diagnosed with an acute or recently exacerbated neurologic condition (but not including dementia or other cognitive dysfunction) which requires rehabilitative, nursing and non-therapy ancillary intervention.
Cancer	Diagnosed with and being actively treated for cancer (unless all items and services associated with the cancer treatment are excluded from consolidated billing).
Medical Management	Diagnosed with a non-surgical condition that does not qualify the resident for another clinical category.

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Next, determine the resident's PT/OT clinical category based on the mapping shown below.

Table 3: PT/OT Clinical Category

Primary Diagnosis Clinical Category	PT/OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Surgical Procedures on Extremities	Other Orthopedic
Non-Orthopedic Surgery	Non-Orthopedic Surgery
Acute Infections	Medical Management
Cardiovascular and Coagulations	Medical Management
Pulmonary	Medical Management
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Acute Neurologic	Acute Neurologic
Cancer	Medical Management
Medical Management	Medical Management

PT/OT Clinical Category: ________________________________

We would note that, when implemented, we anticipate providing a mapping between resident clinical information and clinical categories.

STEP #2

Calculate the resident's Functional Score. Use the following table to determine the Functional Score for Transfer Self-Performance (G0110B1) and Toileting Self-Performance (G0110I1).

Table 4: Functional Score for Transfer and Toileting Self-Performance

Self-Performance (Column 1) =	Functional Score =
0	3
1	4
2	6
3	5
4	2
7	1
8	0

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Enter the Functional Score for each item:

Transfer Functional Score: ____

Toileting Functional Score: ____

Use the following table to determine the Functional Score for Eating Self-Performance (G0110H1).

Table 5: Functional Score for Eating Self-Performance

Self-Performance (Column 1) =	Functional Score =
0	3
1	4
2	6
3	5
4	2
7	1
8	0

Enter the Functional Score for Eating:

Eating Functional Score: ____

Add the three scores for the total Functional Score. This is the **RCS-I Functional Score**. The RCS-I Functional Score ranges from 0 through 18.

RCS-I FUNCTIONAL SCORE: ____

STEP #3

Determine whether the resident has a moderate to severe cognitive impairment. First, calculate the resident's CFS score, as described above. If the score is 3 or 4, the resident has a moderate to severe cognitive impairment. Otherwise, if the score is 1 or 2, the resident has either a mild or no cognitive impairment.

Moderate/Severe Cognitive Impairment? (Yes/No): ____

STEP #4

Using the responses from Steps 1, 2 and 3 above, determine the resident's PT/OT group using the table below.

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Table 6: PT/OT Case-Mix Groups

Clinical Category	Functional Score	Moderate/Severe Cognitive Impairment	PT/OT Case-Mix Group
Major Joint Replacement or Spinal Surgery	14-18	No	TA
Major Joint Replacement or Spinal Surgery	14-18	Yes	TB
Major Joint Replacement or Spinal Surgery	8-13	No	TC
Major Joint Replacement or Spinal Surgery	8-13	Yes	TD
Major Joint Replacement or Spinal Surgery	0-7	No	TE
Major Joint Replacement or Spinal Surgery	0-7	Yes	TF
Other Orthopedic	14-18	No	TG
Other Orthopedic	14-18	Yes	TH
Other Orthopedic	8-13	No	TI
Other Orthopedic	8-13	Yes	TJ
Other Orthopedic	0-7	No	TK
Other Orthopedic	0-7	Yes	TL
Acute Neurologic	14-18	No	TM
Acute Neurologic	14-18	Yes	TN
Acute Neurologic	8-13	No	TO
Acute Neurologic	8-13	Yes	TP
Acute Neurologic	0-7	No	TQ
Acute Neurologic	0-7	Yes	TR
Non-Orthopedic Surgery	14-18	No	TS
Non-Orthopedic Surgery	14-18	Yes	TT
Non-Orthopedic Surgery	8-13	No	TU
Non-Orthopedic Surgery	8-13	Yes	TV
Non-Orthopedic Surgery	0-7	No	TW
Non-Orthopedic Surgery	0-7	Yes	TX
Medical Management	14-18	No	T1
Medical Management	14-18	Yes	T2
Medical Management	8-13	No	T3
Medical Management	8-13	Yes	T4
Medical Management	0-7	No	T5
Medical Management	0-7	Yes	T6

RCS-I PT/OT Classification: ____

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Payment Component: SLP

RCS-I

STEP #1

Determine the resident’s clinical category. To do so, first select the most appropriate category from the list below based on the resident’s primary SNF diagnosis. The primary diagnosis clinical category chosen below should match the primary diagnosis clinical category chosen for the PT/OT component. The final SLP clinical category, however, may be different from the final PT/OT clinical category.

Table 7: Primary Diagnosis Clinical Category Description

Primary Diagnosis Clinical Category	Description
Major Joint Replacement or Spinal Surgery	Received major joint replacement (hip, knee, shoulder or ankle) or spinal surgery during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Surgical Procedures on Extremities	Received major orthopedic surgery (other than a major joint replacement or spinal surgery) during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Surgical - Non-Orthopedic	Received a significant non-orthopedic surgical procedure during the prior inpatient stay which requires subsequent rehabilitative and nursing services.
Acute Infections	Treated for an infection during the prior inpatient stay that requires continued care (and use of non-therapy ancillary services such as medications) during the skilled nursing facility stay.
Cardiovascular and Coagulations	Treatment for a cardiovascular condition or a coagulation problem (e.g., thrombosis or deficiency in clotting factors).
Pulmonary	Diagnosed with a respiratory condition requiring treatment with various non-therapy ancillary services (e.g., oxygen, respiratory, or inhalation treatments).
Non-Surgical Orthopedic/Musculoskeletal	Diagnosed with and being actively treated for a non-surgical orthopedic or musculoskeletal condition which requires rehabilitative, nursing and non-therapy ancillary intervention.
Acute Neurologic	Diagnosed with an acute or recently exacerbated neurologic condition (but not including dementia or other cognitive dysfunction) which requires rehabilitative, nursing and non-therapy ancillary intervention.

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Primary Diagnosis Clinical Category	Description
Cancer	Diagnosed with and being actively treated for cancer (unless all items and services associated with the cancer treatment are excluded from consolidated billing).
Medical Management	Diagnosed with a non-surgical condition that does not qualify the resident for another clinical category.

Next, determine the resident's SLP clinical category based on the mapping shown below.

Table 8: SLP Clinical Category

Primary Diagnosis Clinical Category	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-Neurologic
Surgical Procedures on Extremities	Non-Neurologic
Non-Orthopedic Surgery	Non-Neurologic
Acute Infections	Non-Neurologic
Cardiovascular and Coagulations	Non-Neurologic
Pulmonary	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal	Non-Neurologic
Acute Neurologic	Acute Neurologic
Cancer	Non-Neurologic
Medical Management	Non-Neurologic

SLP Clinical Category: ____________________________

STEP #2

Determine whether the resident has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then the resident has swallowing disorder. If none of these conditions is present, the resident does not have a swallowing disorder for purposes of this calculation.

Presence of Swallowing Disorder? (Yes/No) ____

STEP #3

Determine whether the resident has a mechanically altered diet. If K0510C2 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.

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Presence of Mechanically Altered Diet? (Yes/No) ____

STEP #4

Determine whether resident has a mild to severe cognitive impairment. Calculate the resident's CFS score, as described above. If the score is 1, the resident does not have a mild to severe cognitive impairment. Otherwise, if the score is 2 to 4, the resident does have a mild to severe cognitive impairment for purposes of this calculation.

Presence of Mild to Severe Cognitive Impairment? (Yes/No) ____

STEP #5

Determine whether the resident has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the resident has an SLP-related comorbidity. For comorbidities that are recorded in Section I8000 of the MDS, check if the specific diagnoses indicated in the table are coded in this section.

Table 9: SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Resident
O0100F2	Ventilator or Respirator While a Resident

Presence of one or more SLP-related comorbidities? (Yes/No) ____

STEP #6

Determine the resident's SLP group using the responses from Steps 1-5 and the table below.

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Table 10: SLP Case-Mix Groups

Clinical Category	Presence of Swallowing Disorder or Mechanically-Altered Diet	SLP-Related Comorbidity or Mild to Severe Cognitive Impairment	SLP Case-Mix Group
Acute Neurologic	Both	Both	SA
Acute Neurologic	Both	Either	SB
Acute Neurologic	Both	Neither	SC
Acute Neurologic	Either	Both	SD
Acute Neurologic	Either	Either	SE
Acute Neurologic	Either	Neither	SF
Acute Neurologic	Neither	Both	SG
Acute Neurologic	Neither	Either	SH
Acute Neurologic	Neither	Neither	SI
Non-Neurologic	Both	Both	SJ
Non-Neurologic	Both	Either	SK
Non-Neurologic	Both	Neither	SL
Non-Neurologic	Either	Both	SM
Non-Neurologic	Either	Either	SN
Non-Neurologic	Either	Neither	SO
Non-Neurologic	Neither	Both	SP
Non-Neurologic	Neither	Either	SQ
Non-Neurologic	Neither	Neither	SR

RCS-I SLP Classification: ___

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Payment Component: NTA

RCS-I

STEP #1

Determine whether resident has one or more NTA-related comorbidities.

1. Determine whether the resident has HIV/AIDS. HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10 code B20).

   Resident has HIV/AIDS? (Yes/No) ____

2. Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – High Intensity" or the comorbidity: " Parenteral/IV Feeding – Low Intensity". To do so, first determine if the resident received parenteral/IV feeding during the last 7 days while a resident (K0510A = 2). If the resident did not receive parenteral/IV feeding during the last 7 days, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

   If the resident did receive parenteral/IV feeding during the last 7 days, then use item K0710A to determine if the proportion of total calories the resident received through parenteral or tube feeding exceeded 50% while a resident (K0710A2 = 3). If K0710A2 =3 then the resident meets the criteria for Parenteral/IV Feeding – High Intensity. If the proportion of total calories the resident received through parenteral or tube feeding exceeded 25% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding exceeded 500 cc per day while a resident (K0710B2 = 2), then the resident qualifies for Parenteral/IV Feeding – Low Intensity.

   Presence of Parenteral/IV Feeding – High Intensity? (Yes/No) ____

   Presence of Parenteral/IV Feeding – Low Intensity? (Yes/No) ____

3. Determine whether the resident has any additional NTA-related comorbidities. To do this, examine the conditions and services in the table below, of which all except HIV/AIDS are recorded on the MDS. HIV/AIDS is recorded on the SNF claim. For conditions and services that are recorded in Section I8000 of the MDS, check if the diagnoses indicated in the table are coded in this section.

Table 11: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	NTA Tier	Points
HIV/AIDS	N/A (SNF claim)	Ultra-High	8
Multidrug-Resistant Organism (MDRO)	I1700	Medium	2
Wound Infection (other than foot)	I2500	Low	1
Diabetes Mellitus (DM)	I2900	Medium	2
Multiple Sclerosis (MS)	I5200	Medium	2
Asthma, COPD, or Chronic Lung Disease	I6200	Medium	2
Kidney Transplant Status	I8000	Medium	2
Opportunistic Infections	I8000	Medium	2
Major Organ Transplant Status	I8000	Medium	2
Cystic Fibrosis	I8000	Medium	2
End-Stage Liver Disease	I8000	Low	1
Transplant	I8000	Low	1
MRSA	I8000	Low	1
Bone/Joint/Muscle Infections/Necrosis	I8000	Low	1
Osteomyelitis and Endocarditis	I8000	Low	1
DVT/Pulmonary Embolism	I8000	Low	1
Parenteral/IV Feeding - High Intensity	K0510A2,K0710A2	Very-High	7
Parenteral/IV Feeding - Low Intensity	K0510A2,K0710A2, K0710B2	High	5
Stage 4 Pressure Ulcer	M0300D1	Low	1
Diabetic Foot Ulcer	M1040B	Low	1
Chemotherapy	O0100A2	Medium	2
Radiation	O0100B2	Low	1
Suctioning	O0100D2	Low	1
Tracheostomy	O0100E2	Medium	2
Ventilator/Respirator	O0100F2	High	5
IV Medication	O0100H2	High	5
Transfusion	O0100I2	Medium	2
Isolation or quarantine for active infectious disease	O0100M2	Low	1

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STEP #2

Calculate the resident's total NTA score using the table above. To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the resident's score is 0.

NTA Score: ____

STEP #3

Determine the resident's NTA group using the table below.

Table 12: NTA Case-Mix Groups

NTA Score Range	NTA Case-Mix Group
11+	NA
8-10	NB
6-7	NC
3-5	ND
1-2	NE
0	NF

RCS-I NTA Classification: ___

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Payment Component: Nursing

RCS-I

Following the same method of nursing classification used under RUG-IV, nursing classification under RCS-I employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top and work down through the RCS-I nursing classification model steps discussed below; the assigned classification is the first group for which the resident qualifies. In other words, start with the Extensive Services groups at the top of the RCS-I nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 43 individual RCS-I nursing groups for which the resident qualifies, assign that group as the RCS-I nursing classification.

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CATEGORY: EXTENSIVE SERVICES

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

STEP # 1

Determine whether the resident is coded for **one** of the following treatments or services:

O0100E2	Tracheostomy care while a resident
O0100F2	Ventilator or respirator while a resident
O0100M2	Infection isolation while a resident

If the resident does not receive one of these treatments or services, skip to the Special Care High Category now.

STEP # 2

If at least **one** of these treatments or services is coded and the resident has a total RCS-I ADL score of 2 or more, he/she classifies as Extensive Services. **Move to Step #3. If the resident's ADL score is 0 or 1, s/he classifies as Clinically Complex.** Skip to the **Clinically Complex Category, Step #2.**

STEP # 3

The resident classifies in the Extensive Services category according to the following chart:

Extensive Service Conditions	RCS-I Class
Tracheostomy care* **and** ventilator/respirator*	ES3
Tracheostomy care* **or** ventilator/respirator*	ES2
Infection isolation* **without** tracheostomy care* **without** ventilator/respirator*	ES1

*while a resident

RCS-I Classification: ___

If the resident does not classify in the Extensive Services Category, proceed to the Special Care High Category.

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CATEGORY: SPECIAL CARE HIGH

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

STEP # 1

Determine whether the resident is coded for **one** of the following conditions or services:

B0100, ADLs	Comatose and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, and G0110I1 all equal 4 or 8)
I2100	Septicemia
I2900, N0350A,B	Diabetes with **both** of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, ADL Score	Quadriplegia with ADL score >= 5
I6200, J1100C	Chronic obstructive pulmonary disease **and** shortness of breath when lying flat
J1550A, others	Fever and one of the following; I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0510B1 or K0510B2 Feeding tube*
K0510A1 or K0510A2	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

*Tube feeding classification requirements:

(1) K0710A3 is 51% or more of total calories OR

(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

If the resident does not have one of these conditions, skip to the Special Care Low Category now.

STEP # 2

If at least **one** of the special care conditions above is coded and the resident has a total RCS-I ADL score of 2 or more, he or she classifies as Special Care High. **Move to Step #3. If the resident's ADL score is 0 or 1, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

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STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

Resident	Staff	Description
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200D	D0500D	Feeling tired or having little energy
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200H	D0500H	Moving or speaking slowly or being fidgety or restless
-	D0500J	Short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for RCS-I classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,
or
The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes ___ No ___

STEP # 4

Select the Special Care High classification based on the ADL score and the presence or absence of depression record this classification:

RCS-I ADL Score	Depressed	RCS-I Class
15-16	Yes	HE2
15-16	No	HE1
11-14	Yes	HD2
11-14	No	HD1
6-10	Yes	HC2
6-10	No	HC1
2-5	Yes	HB2

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2-5	No	HB1

RCS-I CLASSIFICATION: ___

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CATEGORY: SPECIAL CARE LOW

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

STEP # 1

Determine whether the resident is coded for **one** of the following conditions or services:

I4400, ADL Score	Cerebral palsy, with ADL score >=5
I5200, ADL Score	Multiple sclerosis, with ADL score >=5
I5300, ADL Score	Parkinson's disease, with ADL score >=5
I6300, O0100C2	Respiratory failure and oxygen therapy while a resident
K0510B1 or K0510B2	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1,D1,F1	Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A,B,C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0100B2	Radiation treatment while a resident
O0100J2	Dialysis treatment while a resident

*Tube feeding classification requirements:

(1) K0710A3 is 51% or more of total calories OR

(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

**Selected skin treatments:
M1200A,B# Pressure relieving chair and/or bed
M1200C Turning/repositioning
M1200D Nutrition or hydration intervention
M1200E Pressure ulcer care
M1200G Application of dressings (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 these conditions, skip to the Clinically Complex Category now.

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STEP # 2

If at least **one** of the special care conditions above is coded and the resident has a total RCS-I ADL score of 2 or more, he or she classifies as Special Care Low. **Move to Step #3. If the resident's ADL score is 0 or 1, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

Resident	Staff	Description
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200D	D0500D	Feeling tired or having little energy
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200H	D0500H	Moving or speaking slowly or being fidgety or restless
-	D0500J	Short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for RCS-I classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes ___ No ___

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STEP # 4

Select the Special Care Low classification based on the ADL score and the presence or absence of depression; record this classification:

RCS-I ADL Score	Depressed	RCS-I Class
15-16	Yes	LE2
15-16	No	LE1
11-14	Yes	LD2
11-14	No	LD1
6-10	Yes	LC2
6-10	No	LC1
2-5	Yes	LB2
2-5	No	LB1

RCS-I CLASSIFICATION: ___

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CATEGORY: CLINICALLY COMPLEX

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

STEP # 1

Determine whether the resident is coded for **one** of the following conditions or services:

Table 13: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, ADL Score	Hemiplegia/hemiparesis with ADL score >=5
M1040D,E	Surgical wounds or open lesions with any selected skin treatment*
M1040F	Burns
O0100A2	Chemotherapy while a resident
O0100C2	Oxygen Therapy while a resident
O0100H2	IV Medications while a resident
O0100I2	Transfusions while a resident

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of dressing (not to feet), M1200H Application of ointments (not to feet)

If the resident does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.

STEP # 2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

Resident	Staff	Description
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200D	D0500D	Feeling tired or having little energy
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200H	D0500H	Moving or speaking slowly or being fidgety or restless
-	D0500J	Short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at Item D0300

and for the staff assessment at Item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful.

The resident qualifies as depressed for RCS-I classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes ___ No ___

STEP # 3
Select the Clinically Complex classification based on the ADL score and the presence or absence of depression; record this classification:

RCS-I ADL Score	Depressed	RCS-I Class
15-16	YES	CE2
15-16	NO	CE1
11-14	YES	CD2
11-14	NO	CD1
6-10	YES	CC2
6-10	NO	CC1
2-5	YES	CB2
2-5	NO	CB1
0-1	YES	CA2
0-1	NO	CA1

RCS-I CLASSIFICATION: ___

CATEGORY: BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE

Classification in this category is based on the presence of certain behavioral symptoms or the resident's cognitive performance. Use the following instructions:

STEP # 1
Determine the resident's ADL score. If the resident's ADL score is 5 or less, go to Step #2.

If the ADL score is greater than 5, skip to the Reduced Physical Function Category now.

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. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

C0200	Repetition of three words
C0300	Temporal orientation
C0400	Recall

Item C0500 provides a 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. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

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 the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5**.

If the resident's summary score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.

If the resident's Summary Score is 99 (resident interview not successful) 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 whether the resident is cognitively impaired based on the staff assessment rather than on resident interview. The RCS-I Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

The resident is cognitively impaired if **one** of the three following conditions exists:

	Item	Condition
1.	B0100	Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
2.	C1000	Severely impaired cognitive skills (C1000 = 3)
3.	B0700, C0700, C1000	Two or more of the following impairment indicators are present:

B0700 > 0 Problem being understood
C0700 = 1 Short-term memory problem
C1000 > 0 Cognitive skills problem

and

One or more of the following severe impairment indicators are present:

B0700 >= 2 Severe problem being understood
C1000 >= 2 Severe cognitive skills problem

If the resident meets the criteria for being cognitively impaired, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not present with a cognitive impairment as defined here, proceed to Step #4.

STEP # 4

Determine whether the resident presents with **one** of the following behavioral symptoms:

Item	Symptom
E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms directed toward others (2 or 3)
E0200B	Verbal behavioral symptoms directed toward others (2 or 3)
E0200C	Other behavioral symptoms not directed toward others (2 or 3)
E0800	Rejection of care (2 or 3)
E0900	Wandering (2 or 3)

If the resident presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If he or she does not present with behavioral symptoms or a cognitive impairment, skip to the Reduced Physical Function Category.

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STEP # 5
Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A,B**	Passive and/or active ROM
O0500C	Splint or brace assistance
O0500D,F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count ___

STEP # 6
Select the final RCS-I Classification by using the total RCS-I ADL score and the Restorative Nursing Count.

RCS-I ADL Score	Restorative Nursing	RCS-I Class
2-5	2 or more	BB2
2-5	0 or 1	BB1
0-1	2 or more	BA2
0-1	0 or 1	BA1

RCS-I CLASSIFICATION: ___

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CATEGORY: REDUCED PHYSICAL FUNCTION

STEP # 1

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a RCS-I ADL score greater than 5, are placed in this category.

STEP # 2

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A,B**	Passive and/or active ROM
O0500C	Splint or brace assistance
O0500D,F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count ___

STEP # 3

Select the RCS-I Classification by using the RCS-I ADL score and the Restorative Nursing Count.

RCS-I ADL Score	Restorative Nursing	RCS-I Class
15-16	2 or more	PE2
15-16	0 or 1	PE1
11-14	2 or more	PD2
11-14	0 or 1	PD1
6-10	2 or more	PC2
6-10	0 or 1	PC1
2-5	2 or more	PB2
2-5	0 or 1	PB1
0-1	2 or more	PA2
0-1	0 or 1	PA1

RCS-I CLASSIFICATION: ___

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Calculation of Variable Per Diem Payment Adjustment

RCS-I

RCS-I incorporates variable per diem payment adjustments to account for changes in resource use over the course of a stay for two payment components: PT/OT and NTA. To calculate the per-diem rate for these components, multiply the component base rate by the case-mix index associated with the resident's case-mix group and the adjustment factor based on the day of the stay, as shown in the following equation:

Component Per Diem Payment = Component Base Rate x Resident Group CMI x Component Adjustment Factor

The adjustment factors for the PT/OT component can be found in the table below.

Table 14: PT/OT Variable Per Diem Adjustment Factors

Day in Stay	PT/OT Adjustment Factor
1-14	1.00
15-17	0.99
18-20	0.98
21-23	0.97
24-26	0.96
27-29	0.95
30-32	0.94
33-35	0.93
36-38	0.92
39-41	0.91
42-44	0.90
45-47	0.89
48-50	0.88
51-53	0.87
54-56	0.86
57-59	0.85
60-62	0.84
63-65	0.83
66-68	0.82
69-71	0.81
72-74	0.80
75-77	0.79
78-80	0.78
81-83	0.77
84-86	0.76

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Day in Stay	PT/OT Adjustment Factor
87-89	0.75
90-92	0.74
93-95	0.73
96-98	0.72
99-100	0.71

The adjustment factors for the NTA component can be found in the table below.

Table 15: NTA Variable Per Diem Adjustment Factors

Day in Stay	NTA Adjustment Factor
1-3	3.00
4-100	1.00

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Calculation of Total RCS-I Case-Mix Adjusted Per Diem Rate

RCS-I

The total case-mix adjusted RCS-I per diem rate equals the sum of each of the four case-mix adjusted components and the non-case-mix adjusted rate component. To calculate the total case-mix adjusted per-diem rate, add all component per diem rates calculated in prior steps together, along with the non-case-mix rate component, as shown in the following equation:

Total Case-Mix Adjusted Per Diem Payment = PT/OT Component Per Diem Rate + SLP Component Per Diem Rate + NTA Component Per Diem Rate + Nursing Component Per Diem Rate + Non-Case-Mix Component Per Diem Rate

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