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## SUMMARY FOR ARCHOICES 1-18

The Circuit Court of Pulaski County, Arkansas recently determined that the 2015 Notice of Rulemaking for certain changes to the former DHS Alternatives for Adults with Physical Disabilities (AAPD) and ElderChoices Waiver programs, and the 2016 implementation of the ARChoices in Home Care (ARChoices) waiver program, were not in substantial compliance with Ark. Code Ann. § 25-15-204. Specifically, the court found that the notice did not refer to the specific nature and significance of the change in assessment methodology.

Therefore, DHS is hereby giving this notice of those (1) changes to the methodology used to determine the amount, duration, and frequency of authorized attendant care hours for ARChoices program participants, and (2) use of the ArPath Assessment tool for assessments, with determination of attendant care hours using an evidence-based methodology known as Resource Utilization Groups (RUGs). DHS is also giving notice of proposed amendments or changes to the prior rule which explain, in narrative form, the RUGs methodology and program.

This notice applies to ARChoices in Home Care, a Medicaid Home and Community-Based Services (HCBS) waiver program previously approved by the federal Centers for Medicare and Medicaid Services (CMS) and operating under section 1915(c) of the Social Security Act and 42 CFR Part 441, Subparts G and H, as applicable. DHS will be holding several public hearings and will accept public comments on all issues raised in this notice, as described below.

ARChoices covers an array of long-term care services and supports including attendant care, respite, adult day care, home-delivered meals, personal emergency response system (PERS), and environmental modifications. The scope of each service and any applicable limitations in amount, duration, and frequency are specified in the CMS-approved waiver and the ARChoices provider manual. As with any Medicaid covered service, ARChoices does not cover or reimburse medically unnecessary services. Services covered for an ARChoices participant are specified in the individual's DHS-approved person-centered service plan.

The former ElderChoices waiver program became ARChoices on January 1, 2016, which became the CMS approved Home and Community-Based Waiver program administered by Arkansas DHS for persons 21 through 64 with a physical disability who require an intermediate level of care in a nursing facility, and 65 years of age and older who require an intermediate level of care in a nursing facility. The former Alternatives for Adults with Physical Disabilities waiver program was terminated.

For eligibility in ARChoices, individuals must meet both financial criteria and level of care criteria. The criteria used to determine whether a person's needs and functional limitations meet the intermediate level of care in a nursing facility are established by administrative rules promulgated by Arkansas DHS. Please see DHS rule 016.06 CARR 057 (2017) (Procedures for Determination of Medical Need for Nursing Home Services).

Initially for each new applicant and at least annually for each ARChoices participant (enrollee), a comprehensive, independent, and face-to-face assessment of needs is performed by a DHS registered nurse. The DHS nurses use an assessment instrument approved for use by DHS and specified in the ARChoices HCBS waiver application approved by CMS. These assessments and re-assessments (also called evaluations and re-evaluations) are required under 42 CFR 441.302(c) and are a necessary part of the process to determine waiver program eligibility consistent with the level of care criteria and inform the development of person-centered service plans.

ArPath is the system used to (1) determine level of care eligibility for the ARChoices waiver program, (2) perform initial assessments and periodic re-assessment of individual needs, (3) provide necessary information for the development of person-centered service plans, and (4) determine the amount of ARChoices attendant care services medically necessary and authorized per month for a given participant as part of their person-centered service plan.

ArPath is comprised of:

- The interRAI Home Care (HC or InterRAI-HC) assessment instrument, as modified for ARChoices program requirements and consistent with the DHS promulgated level of care. The interRAI-HC is a standardized and validated multidimensional assessment instrument designed to assist in care planning and resource allocation for individuals who receive care at home. The interRAI-HC assessment instrument is used by multiple state Medicaid programs.

- The interRAI Resource Utilization Groups Home Care (RUGs or RUG/HC), a reliable and validated case-mix classification methodology specifically designed and tested for use in determining the amount of home-based services and supports a person may need based on their functional limitations. Based on participant responses to specific questions in the interRAI-HC assessment instrument, RUGs applies a validated algorithm to assign individuals into 23 groups reflecting the relative intensity of services they are likely to need.
- Two instruments necessary to gather information necessary to determine whether an applicant or participant meets the Arkansas level of care criteria related to Alzheimer's or related dementia (Cognitive Performance Scale instrument) and daily skilled monitoring of a life-threatening medical condition (Changes in Health, End-Stage Disease and Symptoms and Signs [CHESS] instrument).

**Effective October 1, 2018, the Department of Human Services Division of Medical Services (DMS) is proposing the following updates and/or changes to the ARChoices in Home Care waiver program rules:**

- Program categorical eligibility, level of care, and attendant care monthly hour allocations will be determined using the interRAI Home Care (interRAI-HC) assessment tool, as modified, and the Resource Utilization Groups Home Care (RUGs or RUG/HC), known together in Arkansas as ArPath.
- The ArPath is the instrument or tool used to collect information to determine the initial and continuing level of care and medical need eligibility for ARChoices participants based upon information that the participant and/or parties on behalf of the participant provide during the assessment interview. Assessment interviews are conducted by DHS registered nurses.
- ArPath uses algorithms to evaluate and categorize a participant's information into scales, client assessment protocols, Resource Utilization Groups Home Care (RUGs), and levels of care which correspond to the eligibility level of care criteria and resource needs. An algorithm is simply a sequence of instructions that will produce the same result in order to effectively ensure consistency and eliminate any interviewer/assessor bias.
- Participant placement into one of the 23 available RUGs is based on the responses provided by or on behalf of the participant about his or her functional limitations. A participant's monthly attendant care hour allocation will correspond to the monthly hour allocation associated with the RUG (one of the 23 groups) in which the participant is placed.
- Using the RUGs methodology, the ArPath replaces nurse subjectivity in determining the number of attendant care hours medically necessary and covered per month for a participant. The RUGs methodology provides a valid and reliable system to objectively determine medically necessary needs for assistance with specific Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) tasks available through the ARChoices attendant care benefit. The RUGs methodology ensures that in authorizing the amount, duration, and frequency of ARChoices-covered attendant care service hours, individuals with similar functional limitations are treated alike.
- The complete ARChoices rule with all the terms and provisions of the waiver program is available for inspection and review as set forth below. The rule includes, in narrative form, the RUGs methodology, and identifies the attendant care hours for each of the 23 groups in RUGs.
- This change in the assessment methodology (RUGs) is significant because, based on the outcome of their ArPath-based assessment or re-assessment and application of the RUGs methodology to determine the medically necessary amount of attendant care services, ARChoices beneficiaries may see an increase, decrease, or no change in the number of hours of ARChoices attendant care services authorized for them per month in their person-centered services plan.
- The ArPath assessment process, including use of the interRAI assessment and the Resource Utilization Groups Home Care (RUGs) methodology, provides an objective process and eliminates prior reliance on subjective opinions of nurses or on information from providers that is not independent or conflict-free. As proposed in this notice, ArPath replaces the previous subjective approach with an objective, valid and reliable evidence-based methodology. Inherent to such a change, increases or decreases in the amount, duration, or frequency of attendant care services determined medically necessary for a given person is likely and some of these changes may be significant. This is because subjective methods for determining needs are far more likely to result in unsupported inconsistencies and increase the risk for overuse, misuse, and underuse of services. The new methodology is far more likely to correct for overuse, misuse, or underuse of attendant care services while treating individuals with similar needs alike.

- Further, re-assessments with the same instrument are performed at least annually and more frequently in the event of significant changes in condition such as a hospitalization. An individual's assessment results may naturally change from year to year as health conditions, functional limitations, availability of family or other outside supports, and other key factors change over time. In turn, this may affect the amount, duration, and frequency of ARChoices services, including attendant care, authorized for an individual.





**Division of Medical Services**  
**Office of Policy Coordination & Promulgation**

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**TO:** Arkansas Medicaid Health Care Providers – ARChoices In Homecare Home and Community-Based 2176 Waiver

**EFFECTIVE DATE:** October 1, 2018

**SUBJECT:** Provider Manual Update Transmittal ARCHOICES-1-18

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10-1-18

<u>REMOVE</u>		<u>INSERT</u>
Section	Effective Date	Section
—	—	212.100

**Explanation of Updates**

Section 212.100 is being updated with information regarding an overview of Resource Utilization Groups (RUGs).

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Policy Coordination and Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [medicaid.mmis.arkansas.gov](http://medicaid.mmis.arkansas.gov).

Thank you for your participation in the Arkansas Medicaid Program.

PROPOSED

Tami Harlan  
Interim Director



*TOC required***212.100 An Overview of Resource Utilization Groups (RUGs)****10-1-18**

The ARChoices Waiver provides beneficiaries with a monthly allocation of attendant care hours to be used at the beneficiary's discretion throughout the month. The number of attendant care hours approved for each beneficiary is based on the results of that beneficiary's most recent assessment using the ArPath Assessment Tool.

The ArPath Assessment Tool uses a software program that includes an algorithm to evaluate certain responses within an extensive questionnaire to determine whether the beneficiary meets the functional eligibility criteria to participate in the waiver program. The ArPath Assessment Tool then uses another algorithm to evaluate other responses to determine which Resource Utilization Group (RUG) reflects the beneficiary's functional abilities. A RUG is a tier group consisting of individuals with similar functional abilities.

In 2013, attendant care services were determined based on an RN's discretionary interpretation of a beneficiary's responses to the ArPath Assessment Tool's questionnaire. Between 2013 and January 1, 2016, when the ARChoices program was implemented, DAAS recorded beneficiary RUG placement and the number of paid attendant care hours utilized by beneficiaries each month in order to determine the type and amount of resources that beneficiaries with similar functional abilities were used in a given month.

While the reality of living with a disease or condition can vary greatly even among individuals with the same diagnosis, a RUG placement allows DAABHS to better predict the type and extent of care that an individual needs. The purpose of transitioning to a RUG-based care allocation system is to provide more predictable and objective outcomes that better reflect the reality of a beneficiary's needs by organizing the allocation around functional ability.

As of January 1, 2016, the allocation of attendant care hours became based on which RUG the beneficiary is placed in by the ArPath Assessment Tool. The specific number of attendant care hours assigned to a particular RUG was determined by considering an average of the number of hours used by beneficiaries placed in that RUG prior to the implementation of the ARChoices program. The following chart shows the number of hours assigned to each RUG.

RUG Category	RUG	Monthly Hours
Special Rehab	RB0	157
	RA2	97
	RA1	55
Extensive Care	SE3	352
	SE2	201
	SE1	153
Special Care	SSB	161
	SSA	112
Clinically Complex	CC0	143
	CB0	94
	CA2	69
	CA1	36
Impaired Cognition	IB0	116
	IA2	81

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	IA1	38
Behavioral Problems	BB0	118
	BA2	62
	BA1	30
Reduced Physical Function	PD0	137
	PC0	99
	PB0	81
	PA2	53
	PA1	28

**PROPOSED**

### RUG Requirements

The ArPath Assessment Tool evaluates the assessment responses using an algorithm, which is basically a “rule book” for the software. This particular rulebook is divided into chapters, known as screeners, and each screener is responsible for evaluating a small portion of the assessment responses in order to produce a numerical score. Below is a list of the screeners and the possible scores:

Screener	Possible Scores
Activities of Daily Living (ADL)	4-18
Instrumental Activities of Daily Living (IADL)	0-3
Rehab	0-1
Behavior Problems	0-1
Extensive Care	0-1
Special Care	0-1
Clinically Complex	0-1
Cognitive Impairment	0-1
Cumulative	0-5

Each RUG requires a different combination of screener scores in order for a beneficiary to be placed in that RUG. The ArPath Assessment Tool utilizes the criteria for each RUG in the exact order that they are listed in the above chart and it places the beneficiary in the first RUG on the list whose criteria are satisfied by the assessment responses.

The following is a description of the screener scores required for each Special Rehab RUG.

- A. RB0 requires a Rehab screener score of 1 and an ADL score of at least 11.
- B. RA2 requires a Rehab screener score of 1, an IADL score of at least 2, and an ADL score of no more than 10.
- C. RA1 requires a Rehab screener score of 1, an IADL score of 1 or 0, and an ADL score of no more than 10.



The following is a description of the screener scores required for each Extensive Care RUG.

- A. SE3 requires a Cumulative screener score of at least 4, an Extensive Care screener score of 1, and an ADL score of at least 7.
- B. SE2 requires a Cumulative screener score of either 2 or 3, an Extensive Care screener score of 1, and an ADL score of at least 7.
- C. SE1 requires a Cumulative screener score of no more than 1, an Extensive Care screener score of 1, and an ADL score of at least 7.

The following is a description of the screener scores required for each Special Care RUG.

- A. SSB requires an ADL score of at least 14 and a score of 1 for either the Extensive Care screener or the Special Care screener.
- B. SSA has two possible combinations:
  - 1. An Extensive Care screener score of 1 with and ADL score of no more than 6, or
  - 2. An ADL score within the range of 7-13 and a score of 1 for either the Extensive Care screener or the Special Care screener.

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The following is a description of the screener scores required for each Clinically Complex RUG.

- A. CC0 requires an ADL score of at least 11 and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- B. CB0 requires an ADL score within the range of 6-10 and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- C. CA2 requires and ADL score no higher than 5, an IADL score of at least 1, and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- D. CA1 requires and ADL score no higher than 5, an IADL score of 0, and a score of 1 for either the Clinically Complex screener or the Special Care screener.

The following is a description of the screener scores required for each Impaired Cognition RUG.

- A. IB0 requires a Cognitive Impairment screener score of 1 and an ADL score within the range of 6-10.
- B. IA2 requires a Cognitive Impairment screener score of 1, an IADL score of at least 1, and an ADL score of no more than 5.
- C. IA1 requires a Cognitive Impairment screener score of 1, an IADL score of 0, and an ADL score of no more than 5.

The following is a description of the screener scores required for each Behavioral Problems RUG.

- A. BB0 requires a Behavior Problems screener score of 1 and an ADL score within the range of 6-10.
- B. BA2 requires a Behavior Problems screener score of 1, an IADL score of at least 1, and an ADL score of no more than 5.
- C. BA1 requires a Behavior Problems screener score of 1, an IADL score of 0, and an ADL score of no more than 5.

The following is a description of the screener scores required for each Reduced Physical Function RUG.

- A. PD0 requires a Rehab screener score of 0 and an ADL score of at least 11.
- B. PC0 requires a Rehab screener score of 0 and an ADL score of 9 or 10.
- C. PB0 requires a Rehab screener score of 0 and an ADL score of 6, 7, or 8.
- D. PA2 requires a Rehab screener score of 0, an IADL score of at least 1, and an ADL score of no more than 5.
- E. PA1 requires a Rehab screener score of 0, an IADL score of 0, and an ADL score of no more than 5.

### **Screener Requirements**

#### Activities of Daily Living (ADL)

A beneficiary's ADL score ranges from 4 to 18. It is based on the collective score among responses to the 5 items in the assessment that are listed below. Only 4 of the 5 responses will add to the overall ADL score because the response to Mode of nutritional intake may override the response to Eating.

- A. Bed mobility
- B. Transfer toilet
- C. Toilet use
- D. Eating
- E. Mode of nutritional intake

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Bed mobility, Transfer toilet, and Toilet use are all scored in the following way:

- A. Independent gets 1 point,
- B. Independent, set up help only gets 1 point,
- C. Supervision gets 1 point,
- D. Limited assistance gets 3 points,
- E. Extensive assistance gets 4 points,
- F. Maximal assistance gets 5 points,
- G. Total dependence gets 5 points, and
- H. Activity did not occur gets 5 points

Eating is scored in the following way:

- A. Independent gets 1 point,
- B. Independent, set up help only gets 1 point,
- C. Supervision gets 1 point,
- D. Limited assistance gets 2 points,
- E. Extensive assistance gets 3 points,
- F. Maximal assistance gets 3 points,

- G. Total dependence gets 3 points, and
- H. Activity did not occur gets 3 points.

However, 3 points will be added to the ADL score, and the Eating score will be overridden if the response to Mode of nutritional intake is any of the following:

- A. Combined oral and parenteral or tube feeding,
- B. Nasogastric tube feeding only,
- C. Abdominal feeding tube, or
- D. Parenteral feeding tube only
- E. Instrumental Activities of Daily Living (IADL)

A beneficiary's IADL score ranges from 0 to 3. It is based on the collective score among the responses to the following items in the assessment:

- A. Meal preparation-performance,
- B. Managing medication-performance, or
- C. Phone use-performance.

The responses to each item are scored in the following way.

- A. Independent gets 0 points.
- B. Independent, set up help only gets 0 points.
- C. Supervision gets 0 points.
- D. Limited assistance gets 0 points.
- E. Extensive assistance gets 0 points.
- F. Maximal assistance gets 1 point.
- G. Total dependence gets 1 point.
- H. Activity did not occur gets 1 point.

**PROPOSED**

### Rehab

A beneficiary's Rehab screener score is 0 by default, but it equals 1 if during the week prior to the assessment the beneficiary spends a total of at least 120 minutes in any combination of the following types of therapy:

- A. Speech-language pathology,
- B. Occupational therapy, or
- C. Physical therapy.

### Behavior Problems

A beneficiary's Behavior Problems score is 0 by default, but it equals 1 if the beneficiary has exhibited any of the following at any time within 3 days of the assessment:

- A. Wandering,

- B. Verbal abuse,
- C. Physical abuse,
- D. Socially inappropriate or disruptive behavior,
- E. Resists care,
- F. Delusions, or
- G. Hallucinations.

#### Extensive Care

A beneficiary's Extensive Care screener score is 0 by default, but it equals 1 if the response to Mode of nutritional intake is either Abdominal feeding tube or Parenteral feeding tube only. It will also equal 1 if the assessment records that any of the following treatments have been utilized within 3 days of the assessment:

- A. IV medication,
- B. Suctioning,
- C. Tracheostomy care, or
- D. Ventilator or respirator.

**PROPOSED**

#### Special Care

A beneficiary's Special Care screener score is 0 by default, but it equals 1 if the assessment records that Radiation therapy has been utilized within 3 days of the assessment or any of the following combinations of responses are logged in the assessment:

- A. A turning/repositioning program has been utilized within 3 days of the assessment and the response to Most severe pressure ulcer is either:
  - 1. Deep craters in the skin or
  - 2. Breaks in the skin exposing muscle or bone;
- B. Aphasia has been exhibited within 3 days of the assessment and the Mode of nutritional intake is either:
  - 1. Nasogastric tube feeding or
  - 2. Combined oral and parenteral or tube feeding;
- C. Wound care has been performed within 3 days of the assessment and the response to either of the following items is yes:
  - 1. Major skin problems or
  - 2. Skin tears or cuts;
- D. Fever and Vomiting are exhibited within 3 days of the assessment;
- E. Fever is exhibited within 3 days of the assessment and the response to Weight loss of 5% is yes;
- F. Fever is exhibited within 3 days of the assessment and the response to Mode of nutritional intake is either:
  - 1. Nasogastric tube feeding or
  - 2. Combined oral and parenteral or tube feeding;

- G. Fever is exhibited within 3 days of the assessment and the response to Pneumonia is any of the following:
  - 1. Primary diagnosis for current stay;
  - 2. Diagnosis present, receiving active treatment; or
  - 3. Diagnosis present, monitored but no active treatment;
- H. Fever is exhibited within 3 days of the assessment and the response to Dehydration is yes; or
- I. A beneficiary's ADL score is at least 10 and the response to either Multiple sclerosis or Quadriplegia is any of the following:
  - 1. Primary diagnosis for current stay;
  - 2. Diagnosis present, receiving active treatment; or
  - 3. Diagnosis present, monitored but no active treatment.

#### Clinically Complex

A beneficiary's Clinically Complex screener score is 0 by default, but it equals 1 if any of the following is recorded during the assessment:

- A. Mode of nutritional intake is either Nasogastric tube feeding or Combined oral and parenteral or tube feeding;
- B. The response to Cognitive skills for daily decision making is No discernable consciousness, coma and the response to any of the following is either Total dependence or Activity did not occur:
  - 1. Bed mobility,
  - 2. Transfer toilet,
  - 3. Toilet use, or
  - 4. Eating;
- C. Any form of Sepsis is recorded in the Other Diseases section of the assessment;
- D. The response to Dehydration is yes;
- E. The beneficiary's ADL score is at least 10 and the response to Hemiplegia is any of the following:
  - 1. Primary diagnosis for current stay;
  - 2. Diagnosis present, receiving active treatment; or
  - 3. Diagnosis present, monitored but no active treatment;
- F. GI or GU bleeding has been exhibited in the 3 days prior to the assessment;
- G. The response to Pneumonia is any of the following:
  - 1. Primary diagnosis for current stay;
  - 2. Diagnosis present, receiving active treatment; or
  - 3. Diagnosis present, monitored but no active treatment;
- H. The response to End stage disease, 6 or fewer months to live is yes;
- I. Chemotherapy was utilized within 3 days of the assessment;

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- J. Dialysis was utilized within 3 days of the assessment;
- K. A transfusion occurred within 3 days of the assessment;
- L. Oxygen therapy was utilized within 3 days of the assessment; or
- M. The response to Foot problems is either Foot problems limit walking or Foot problems prevent walking.

#### Impaired Cognition

A beneficiary's Impaired Cognition screener score is 0 by default, but it equals 1 if the score recorded on the Cognitive Performance Scale (CPS) is at least a 3.

#### Cumulative

A beneficiary's Cumulative screener score can range from 0 to 5. It is based on the collective score after adding the scores from the Special Care, Clinically Complex, and Impaired Cognition screeners. An additional point may be added if either of the following occurs:

- A. The response to Mode of nutritional intake is Parenteral feeding only or
- B. IV medication is utilized within 3 days of the assessment.

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**TOC required****212.100 An Overview of Resource Utilization Groups (RUGs)****10-1-18**

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<u>RUG Category</u>	<u>RUG</u>	<u>Monthly Hours</u>
<u>Special Rehab</u>	<u>RB0</u>	<u>157</u>
	<u>RA2</u>	<u>97</u>
	<u>RA1</u>	<u>55</u>
<u>Extensive Care</u>	<u>SE3</u>	<u>352</u>
	<u>SE2</u>	<u>201</u>
	<u>SE1</u>	<u>153</u>
<u>Special Care</u>	<u>SSB</u>	<u>161</u>
	<u>SSA</u>	<u>112</u>
<u>Clinically Complex</u>	<u>CC0</u>	<u>143</u>
	<u>CB0</u>	<u>94</u>
	<u>CA2</u>	<u>69</u>
	<u>CA1</u>	<u>36</u>
<u>Impaired Cognition</u>	<u>IB0</u>	<u>116</u>
	<u>IA2</u>	<u>81</u>

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	<u>IA1</u>	<u>38</u>
<u>Behavioral Problems</u>	<u>BB0</u>	<u>118</u>
	<u>BA2</u>	<u>62</u>
	<u>BA1</u>	<u>30</u>
<u>Reduced Physical Function</u>	<u>PD0</u>	<u>137</u>
	<u>PC0</u>	<u>99</u>
	<u>PB0</u>	<u>81</u>
	<u>PA2</u>	<u>53</u>
	<u>PA1</u>	<u>28</u>

### RUG Requirements

The ArPath Assessment Tool evaluates the assessment responses using an algorithm, which is basically a “rule book” for the software. This particular rulebook is divided into chapters, known as screeners, and each screener is responsible for evaluating a small portion of the assessment responses in order to produce a numerical score. Below is a list of the screeners and the possible scores:

<u>Screener</u>	<u>Possible Scores</u>
<u>Activities of Daily Living (ADL)</u>	<u>4-18</u>
<u>Instrumental Activities of Daily Living (IADL)</u>	<u>0-3</u>
<u>Rehab</u>	<u>0-1</u>
<u>Behavior Problems</u>	<u>0-1</u>
<u>Extensive Care</u>	<u>0-1</u>
<u>Special Care</u>	<u>0-1</u>
<u>Clinically Complex</u>	<u>0-1</u>
<u>Cognitive Impairment</u>	<u>0-1</u>
<u>Cumulative</u>	<u>0-5</u>

Each RUG requires a different combination of screener scores in order for a beneficiary to be placed in that RUG. The ArPath Assessment Tool utilizes the criteria for each RUG in the exact order that they are listed in the above chart and it places the beneficiary in the first RUG on the list whose criteria are satisfied by the assessment responses.

The following is a description of the screener scores required for each Special Rehab RUG.

- A. RB0 requires a Rehab screener score of 1 and an ADL score of at least 11.
- B. RA2 requires a Rehab screener score of 1, an IADL score of at least 2, and an ADL score of no more than 10.
- C. RA1 requires a Rehab screener score of 1, an IADL score of 1 or 0, and an ADL score of no more than 10.



The following is a description of the screener scores required for each Extensive Care RUG.

- A. SE3 requires a Cumulative screener score of at least 4, an Extensive Care screener score of 1, and an ADL score of at least 7.
- B. SE2 requires a Cumulative screener score of either 2 or 3, an Extensive Care screener score of 1, and an ADL score of at least 7.
- C. SE1 requires a Cumulative screener score of no more than 1, an Extensive Care screener score of 1, and an ADL score of at least 7.

The following is a description of the screener scores required for each Special Care RUG.

- A. SSB requires an ADL score of at least 14 and a score of 1 for either the Extensive Care screener or the Special Care screener.
- B. SSA has two possible combinations:
  - 1. An Extensive Care screener score of 1 with and ADL score of no more than 6, or
  - 2. An ADL score within the range of 7-13 and a score of 1 for either the Extensive Care screener or the Special Care screener.

The following is a description of the screener scores required for each Clinically Complex RUG.

- A. CC0 requires an ADL score of at least 11 and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- B. CB0 requires an ADL score within the range of 6-10 and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- C. CA2 requires and ADL score no higher than 5, an IADL score of at least 1, and a score of 1 for either the Clinically Complex screener or the Special Care screener.
- D. CA1 requires and ADL score no higher than 5, an IADL score of 0, and a score of 1 for either the Clinically Complex screener or the Special Care screener.

The following is a description of the screener scores required for each Impaired Cognition RUG.

- A. IB0 requires a Cognitive Impairment screener score of 1 and an ADL score within the range of 6-10.
- B. IA2 requires a Cognitive Impairment screener score of 1, an IADL score of at least 1, and an ADL score of no more than 5.
- C. IA1 requires a Cognitive Impairment screener score of 1, an IADL score of 0, and an ADL score of no more than 5.

The following is a description of the screener scores required for each Behavioral Problems RUG.

- A. BB0 requires a Behavior Problems screener score of 1 and an ADL score within the range of 6-10.
- B. BA2 requires a Behavior Problems screener score of 1, an IADL score of at least 1, and an ADL score of no more than 5.
- C. BA1 requires a Behavior Problems screener score of 1, an IADL score of 0, and an ADL score of no more than 5.

The following is a description of the screener scores required for each Reduced Physical Function RUG.

- A. PD0 requires a Rehab screener score of 0 and an ADL score of at least 11.
- B. PC0 requires a Rehab screener score of 0 and an ADL score of 9 or 10.
- C. PB0 requires a Rehab screener score of 0 and an ADL score of 6, 7, or 8.
- D. PA2 requires a Rehab screener score of 0, an IADL score of at least 1, and an ADL score of no more than 5.
- E. PA1 requires a Rehab screener score of 0, an IADL score of 0, and an ADL score of no more than 5.

### **Screener Requirements**

#### **Activities of Daily Living (ADL)**

A beneficiary's ADL score ranges from 4 to 18. It is based on the collective score among responses to the 5 items in the assessment that are listed below. Only 4 of the 5 responses will add to the overall ADL score because the response to Mode of nutritional intake may override the response to Eating.

- A. Bed mobility
- B. Transfer toilet
- C. Toilet use
- D. Eating
- E. Mode of nutritional intake

Bed mobility, Transfer toilet, and Toilet use are all scored in the following way:

- A. Independent gets 1 point,
- B. Independent, set up help only gets 1 point,
- C. Supervision gets 1 point,
- D. Limited assistance gets 3 points,
- E. Extensive assistance gets 4 points,
- F. Maximal assistance gets 5 points,
- G. Total dependence gets 5 points, and
- H. Activity did not occur gets 5 points

Eating is scored in the following way:

- A. Independent gets 1 point,
- B. Independent, set up help only gets 1 point,
- C. Supervision gets 1 point,
- D. Limited assistance gets 2 points,
- E. Extensive assistance gets 3 points,
- F. Maximal assistance gets 3 points,

G. Total dependence gets 3 points, and

H. Activity did not occur gets 3 points.

However, 3 points will be added to the ADL score, and the Eating score will be overridden if the response to Mode of nutritional intake is any of the following:

A. Combined oral and parenteral or tube feeding,

B. Nasogastric tube feeding only,

C. Abdominal feeding tube, or

D. Parenteral feeding tube only

E. Instrumental Activities of Daily Living (IADL)

A beneficiary's IADL score ranges from 0 to 3. It is based on the collective score among the responses to the following items in the assessment:

A. Meal preparation-performance,

B. Managing medication-performance, or

C. Phone use-performance.

The responses to each item are scored in the following way.

A. Independent gets 0 points.

B. Independent, set up help only gets 0 points.

C. Supervision gets 0 points.

D. Limited assistance gets 0 points.

E. Extensive assistance gets 0 points.

F. Maximal assistance gets 1 point.

G. Total dependence gets 1 point.

H. Activity did not occur gets 1 point.

### Rehab

A beneficiary's Rehab screener score is 0 by default, but it equals 1 if during the week prior to the assessment the beneficiary spends a total of at least 120 minutes in any combination of the following types of therapy:

A. Speech-language pathology,

B. Occupational therapy, or

C. Physical therapy.

### Behavior Problems

A beneficiary's Behavior Problems score is 0 by default, but it equals 1 if the beneficiary has exhibited any of the following at any time within 3 days of the assessment:

A. Wandering.

- B. Verbal abuse,
- C. Physical abuse,
- D. Socially inappropriate or disruptive behavior,
- E. Resists care,
- F. Delusions, or
- G. Hallucinations.

#### Extensive Care

A beneficiary's Extensive Care screener score is 0 by default, but it equals 1 if the response to Mode of nutritional intake is either Abdominal feeding tube or Parenteral feeding tube only. It will also equal 1 if the assessment records that any of the following treatments have been utilized within 3 days of the assessment:

- A. IV medication,
- B. Suctioning,
- C. Tracheostomy care, or
- D. Ventilator or respirator.

#### Special Care

A beneficiary's Special Care screener score is 0 by default, but it equals 1 if the assessment records that Radiation therapy has been utilized within 3 days of the assessment or any of the following combinations of responses are logged in the assessment:

- A. A turning/repositioning program has been utilized within 3 days of the assessment and the response to Most severe pressure ulcer is either:
  - 1. Deep craters in the skin or
  - 2. Breaks in the skin exposing muscle or bone;
- B. Aphasia has been exhibited within 3 days of the assessment and the Mode of nutritional intake is either:
  - 1. Nasogastric tube feeding or
  - 2. Combined oral and parenteral or tube feeding;
- C. Wound care has been performed within 3 days of the assessment and the response to either of the following items is yes:
  - 1. Major skin problems or
  - 2. Skin tears or cuts;
- D. Fever and Vomiting are exhibited within 3 days of the assessment;
- E. Fever is exhibited within 3 days of the assessment and the response to Weight loss of 5% is yes;
- F. Fever is exhibited within 3 days of the assessment and the response to Mode of nutritional intake is either:
  - 1. Nasogastric tube feeding or
  - 2. Combined oral and parenteral or tube feeding;

- G. Fever is exhibited within 3 days of the assessment and the response to Pneumonia is any of the following:
1. Primary diagnosis for current stay;
  2. Diagnosis present, receiving active treatment; or
  3. Diagnosis present, monitored but no active treatment;
- H. Fever is exhibited within 3 days of the assessment and the response to Dehydration is yes; or
- I. A beneficiary's ADL score is at least 10 and the response to either Multiple sclerosis or Quadriplegia is any of the following:
1. Primary diagnosis for current stay;
  2. Diagnosis present, receiving active treatment; or
  3. Diagnosis present, monitored but no active treatment.

#### Clinically Complex

A beneficiary's Clinically Complex screener score is 0 by default, but it equals 1 if any of the following is recorded during the assessment:

- A. Mode of nutritional intake is either Nasogastric tube feeding or Combined oral and parenteral or tube feeding;
- B. The response to Cognitive skills for daily decision making is No discernable consciousness, coma and the response to any of the following is either Total dependence or Activity did not occur:
1. Bed mobility;
  2. Transfer toilet;
  3. Toilet use, or
  4. Eating;
- C. Any form of Sepsis is recorded in the Other Diseases section of the assessment;
- D. The response to Dehydration is yes;
- E. The beneficiary's ADL score is at least 10 and the response to Hemiplegia is any of the following:
1. Primary diagnosis for current stay;
  2. Diagnosis present, receiving active treatment; or
  3. Diagnosis present, monitored but no active treatment;
- F. GI or GU bleeding has been exhibited in the 3 days prior to the assessment;
- G. The response to Pneumonia is any of the following:
1. Primary diagnosis for current stay;
  2. Diagnosis present, receiving active treatment; or
  3. Diagnosis present, monitored but no active treatment;
- H. The response to End stage disease, 6 or fewer months to live is yes;
- I. Chemotherapy was utilized within 3 days of the assessment;

- J. Dialysis was utilized within 3 days of the assessment;
- K. A transfusion occurred within 3 days of the assessment;
- L. Oxygen therapy was utilized within 3 days of the assessment; or
- M. The response to Foot problems is either Foot problems limit walking or Foot problems prevent walking.

#### Impaired Cognition

A beneficiary's Impaired Cognition screener score is 0 by default, but it equals 1 if the score recorded on the Cognitive Performance Scale (CPS) is at least a 3.

#### Cumulative

A beneficiary's Cumulative screener score can range from 0 to 5. It is based on the collective score after adding the scores from the Special Care, Clinically Complex, and Impaired Cognition screeners. An additional point may be added if either of the following occurs:

- A. The response to Mode of nutritional intake is Parenteral feeding only or
- B. IV medication is utilized within 3 days of the assessment.