

## COT Case Examples

Examples here are in addition to those in the RAI Manual. October 2014 COT changes are incorporated below.

1. Mr. Flick scores RV on his 5 day assessment on day 8. On day 15, his COT checkpoint, the score is RU. A COT is combined with the 14 day assessment on day 15 to capture RU retroactively 7 days including day 15, and forward through the pay cycle of the 14 day. In this case, the COT is optional since it is on the same day as a scheduled assessment. The COT can only be completed on day 7 of the COT cycle, therefore, in order to utilize the COT, the ARD of the scheduled MDS has to be moved to day 7 of the COT cycle.
2. Mr. Reed scored a RU on his 5 day assessment on day 8. On day 15, his COT checkpoint, the score is RH. The team has a few options:
  - a. Check to see if the score is RU on day 13 or 14 of the 14-day MDS assessment window and if it is, move the ARD of the 14 day to that day to score RU. No COT is done and the COT cycle count resets.
  - b. If the score on day 13 or 14 is higher than RH but not RU, move the ARD to that day to capture the higher of the 2 scores. No COT is done and the COT cycle count resets.
  - c. If the score on day 13 or 14 is the same as day 15 (RH), pick one on those days and complete the 14-day assessment. The score will be RH. By picking the ARD where the COT checkpoint fell, or one of the days in the window prior, a COT is not required.
  - d. Even if the score is noted to go back up to RU on day 16, this day can't be chosen as the ARD as the RAI manual stipulates that if the COT checkpoint falls in the window of a scheduled assessment, and if the COT would be needed due to a change in RUG, the ARD of the scheduled assessment would need to be moved to that checkpoint to avoid having to add a COT, or the ARD of the scheduled assessment would have to be placed prior to the COT checkpoint.

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3. Ms. Sparkle scores a RH RUG on the 30 day MDS. Then at the next COT checkpoint 7 days after the 30 day ARD, Ms. Sparkle received 340 minutes of therapy but scores a PD1 “Nursing RUG” because she did not have 5 calendar days of therapy due to a missed session in the middle of the week. The COT now becomes necessary due to the change in RUG and is completed. At the next COT checkpoint 7 days later, Ms. Sparkle scores RH. Now, a COT can be completed to re-capture the Rehab RUG and will continue paying at the Rehab RUG until the next scheduled or unscheduled assessment.
  
4. Mr. Jackson scored a RVB on his 14 day which was day 15. On day 22 (the next COT checkpoint) RV was still maintained so no COT was needed. On day 29, the 30 day scheduled assessment was completed and the score was CC1 due to no 5 therapy calendar days. On day 36, the resident was back up to RV; however, a COT cannot be completed at this time since the drop to a non-Rehab RUG occurred on a scheduled assessment that did not have a COT attached. A Rehab RUG would not be regained until the next scheduled assessment.
  4. A) In the example above with Mr. Jackson, if the 30 day scheduled assessment scoring CC1 had a COT attached to it, on day 36 – the next COT checkpoint- another COT could be completed to resume services at the RV level. Adding the COT to the 30 day assessment scoring CC1 would reduce payment retroactively 7 days from the ARD. This loss, however, may be small in comparison to the gains made between the 30 and 60 day assessments. Each individual case would need to be evaluated to determine the benefit vs risk of adding the COT. For example, if the resident was expected to be discharged around day 38, this would not be fiscally beneficial. However, if the resident were expected to be covered through day 60, incurring a loss for ~7+ days only to recoup the Rehab RUG 1 week later may be more beneficial.

There is no cookie cutter answer when dealing with COT's! There are multiple variables and moving parts to consider. See our COT Algorithm in the Therapist Toolbox.