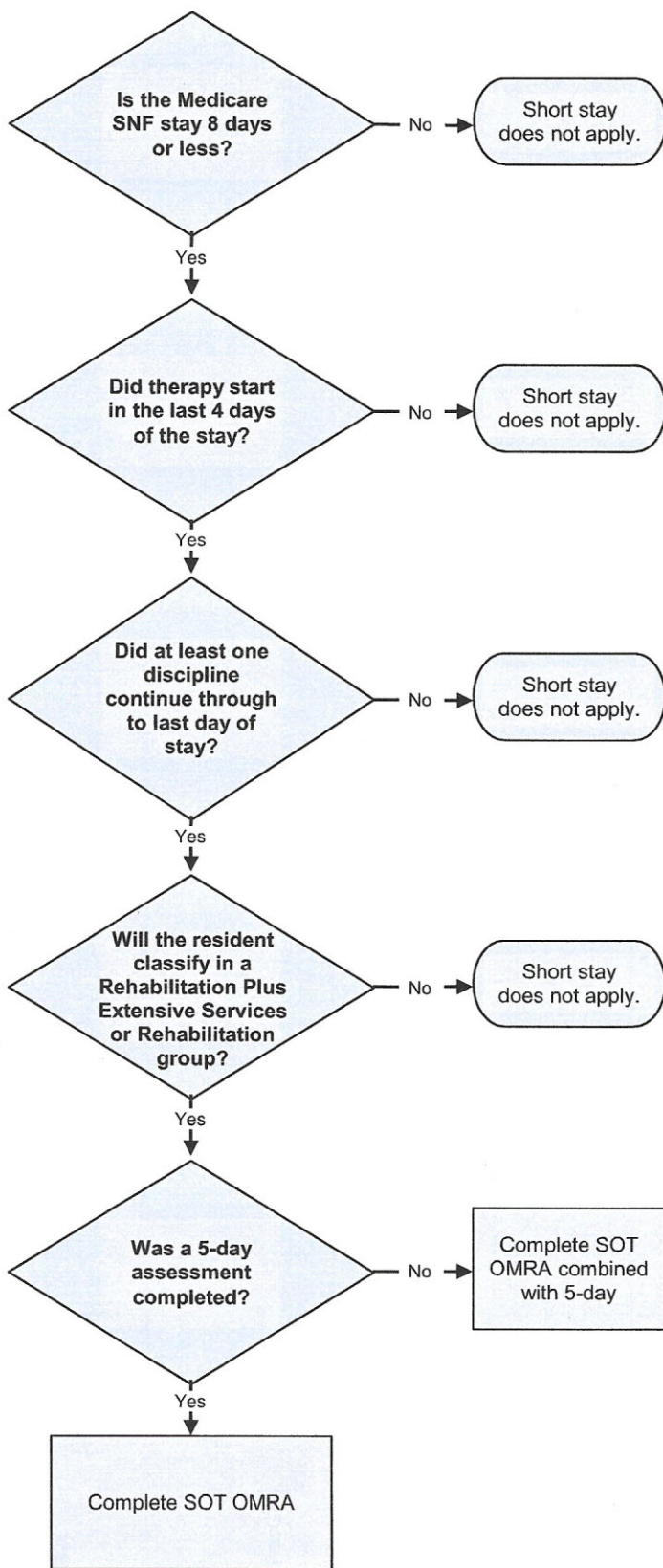


Medicare Short Stay Assessment Algorithm



**Medicare Short Stay Assessment Requirements:**  
All 8 must be true

**Assessment Requirements:**

1. Must be SOT OMRA
2. 5-day assessment must be completed (may be combined with the SOT OMRA)

**ARD Requirements:**

3. Must be Day 8 or earlier of Part A stay
4. Must be last day of Part A stay (see Item A2400C instructions)
5. Must be no more than 3 days after the start of therapy, not including the start of therapy date

**Rehabilitation Requirements:**

6. Must have started in last 4 days of Part A stay
7. Must continue through last day of Part A stay

**RUG Requirement:**

8. Must classify resident into a Rehabilitation Plus Extensive Services or Rehabilitation group

**Note:** When the earliest start of therapy is 1<sup>st</sup> day of stay, then the Part A stay must be 4 days or less

## MEDICARE SHORT STAY ASSESSMENT

### RUG-IV, 66-GROUP HIERARCHICAL CLASSIFICATION

---

#### STEP # 1

Set the Medicare Short Stay Indicator (Z0100C) as follows:

RUG-IV uses an alternative rehabilitation therapy classification when an assessment is a Medicare Short Stay assessment. To be considered a Medicare Short Stay assessment and use the special RUG-IV short stay rehabilitation therapy classification, all eight of the following conditions must be met:

1. **The assessment must be a Start of Therapy OMRA (Item A0310C = 1).** This assessment may be performed alone or combined with any OBRA assessment or combined with a PPS 5-day assessment. The Start of Therapy OMRA may not be combined with a PPS 14-day, 30-day, 60-day, or 90-day assessment. The Start of Therapy OMRA should also be combined with a discharge assessment when the end of Part A stay is the result of discharge from the facility, but should not be combined with a discharge if the resident dies in the facility or is transferred to another payer source in the facility.
2. **A PPS 5-day (Item A0310B = 01) assessment has been performed.** The PPS 5-day assessment may be performed alone or combined with the Start of Therapy OMRA.
3. **The ARD (Item A2300) of the Start of Therapy OMRA must be on or before the 8th day of the Part A Medicare covered stay.** The ARD minus the start of Medicare stay date (A2400B) must be 7 days or less.
4. **The ARD (Item A2300) of the Start of Therapy OMRA must be the last day of the Medicare Part A stay (A2400C).** See instructions for Item A2400C in Chapter 3 for more detail.
5. **The ARD (Item A2300) of the Start of Therapy OMRA may not be more than 3 days after the start of therapy date (Items O0400A5, O0400B5, or O0400C5, whichever is earliest) not including the start of therapy date.** This is an exception to the rules for selecting the ARD for a SOT OMRA, as it is not possible for the ARD for the Short Stay Assessment to be 5-7 days after the start of therapy since therapy must have been able to be provided only 1-4 days.
6. **Rehabilitation therapy (speech-language pathology services, occupational therapy or physical therapy) started during the last 4 days of the Medicare Part A stay (including weekends).** The end of Medicare stay date (Item A2400C) minus the earliest start date for the three therapy disciplines (Items O0400A5, O0400B5, or O0400C5) must be 3 days or less.
7. **At least one therapy discipline continued through the last day of the Medicare Part A stay.** At least one of the therapy disciplines must have a dash-filled end of therapy date (Items O0400A6, O0400B6, or O0400C6) indicating ongoing therapy or an end of therapy date equal to the end of covered Medicare stay date (Item A2400C). Therapy is considered to be ongoing when:
  - The resident was discharged and therapy was planned to continue had the resident remained in the facility, or
  - The resident's SNF benefit exhausted and therapy continued to be provided, or
  - The resident's payer source changed and therapy continued to be provided.

8. **The RUG group assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Item Z0100A).** If the RUG group assigned is not a Rehabilitation Plus Extensive Services or a Rehabilitation group, the assessment will be rejected.

If all eight conditions are satisfied, record “Yes” in the Medicare Short Stay Assessment Indicator Z0100C); otherwise record “No.”

**MEDICARE SHORT STAY ASSESSMENT INDICATOR** Yes \_\_\_\_\_ No \_\_\_\_\_

**STEP # 2**

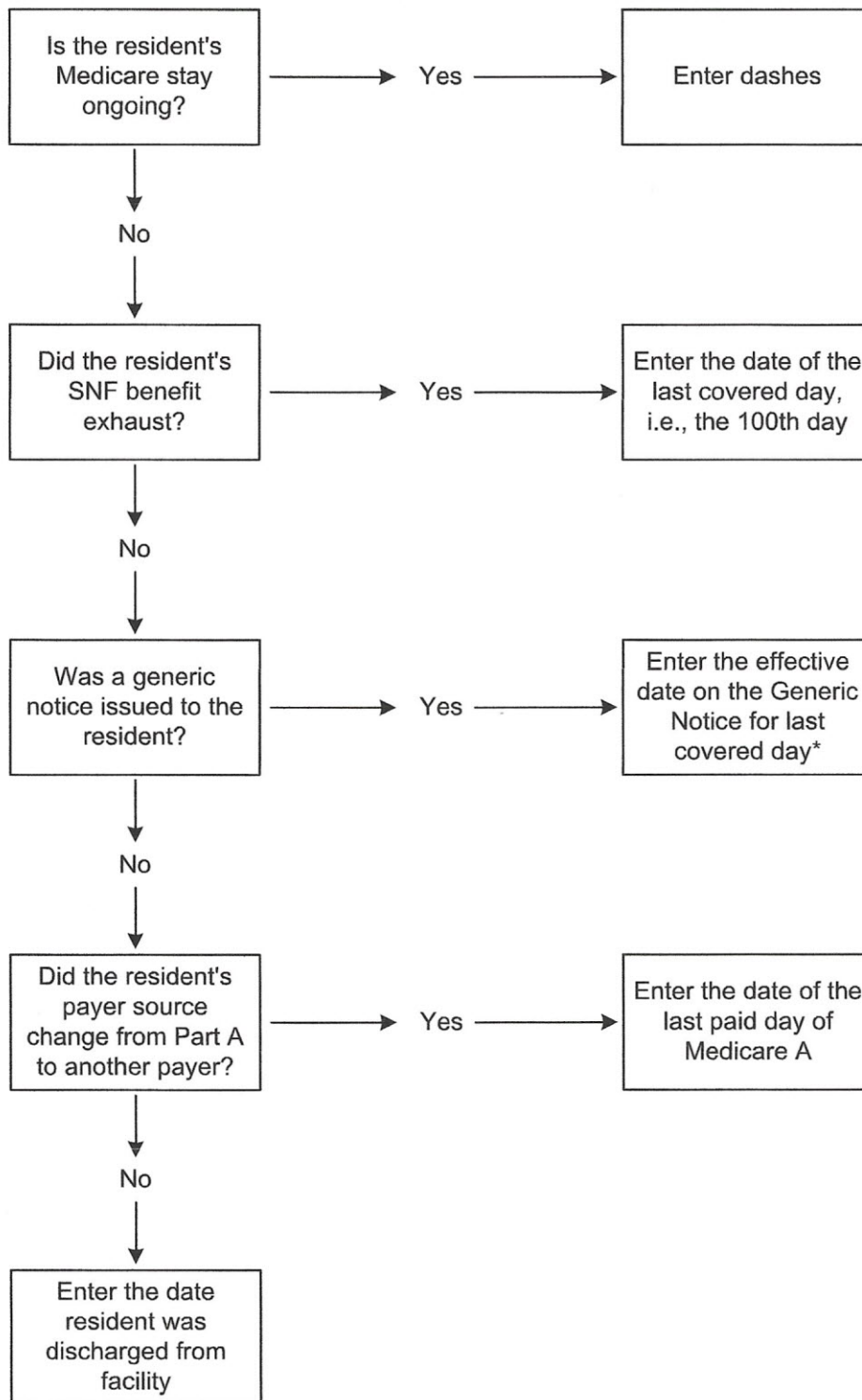
If the Medicare Short Stay Assessment Indicator is “Yes,” then calculate the Medicare Short Stay Average Therapy Minutes as follows:

This average is the Total Therapy Minutes (calculated above in Calculation of Total Rehabilitation Therapy Minutes) divided by the number of days from the start of therapy (earliest date in O0400A5, O0400B5, and O0400C5) through the assessment reference date (A2300). For example, if therapy started on August 1 and the assessment reference date is August 3, the average minutes is calculated by dividing by 3 days. Discard all numbers after the decimal point and record the result.

**MEDICARE SHORT STAY AVERAGE THERAPY MINUTES = \_\_\_\_\_**

See Section 6.4 for Medicare Short Stay Assessment Algorithm.

### Medicare Stay End Date Algorithm A2400C



\*if resident leaves facility prior to last covered day as recorded on the generic notice, enter date resident left facility.

BEGIN counting Day 1 of the COT cycle on the day after the ARD of a Scheduled Assessment that produced a Rehab RUG (even if the paying score ended up being a nursing RUG due to higher case mix index)

Unless the last Assessment was an EOT-R, then begin counting Day 1 of the COT cycle on the resumption date

Day 7 of the COT Cycle Count is the COT CHECKPOINT

Does this Day 7 fall in the WINDOW of a Scheduled PPS Assessment? (ie: Between day 13-18; 27-33; etc.)

Day 7 of COT Checkpoint DOES fall in a Scheduled PPS Assessment Window

Day 7 of COT Checkpoint DOES NOT fall in a Scheduled PPS Assessment Window

Is the COT Required? ie: Does the RUG score change up or down from the prior Assessment?

Is the COT Required? ie: Does the RUG score change from the prior Assessment?

Score goes UP: Complete the COT on Day 7 of the cycle and combine it with the Scheduled Assessment – This will pay the higher score starting back on Day 1 of the cycle (ie: 14 day/COT Combo)

Score goes Down: Complete the Scheduled Assessment alone – no COT- The ARD MUST be On or Before Day 7 of the COT cycle – This will pay the new score starting on the regular payment date (ie: 30 day will start paying new RUG day 31)

If score does not change then no COT is required and the COT Checkpoint is deemed "cleared." You are free to pick any ARD in the Assessment window

If score goes Up or Down, the COT checkpoint is NOT Cleared and the COT NEEDS to be completed

If score stays the same the COT checkpoint IS Cleared and the COT DOES NOT need to be completed

BEGIN another COT Cycle with Day 1 on the day after the ARD

When the day of Discharge FROM the FACILITY lands on Day 7 COT Checkpoint, the COT does not need to be done even if score is changing (If Day 7 of COT Checkpoint lands on a non-billable PPS Day, the COT is not required)

When the day of Discharge FROM THERAPY lands on Day 7 of the COT Checkpoint AND the resident is staying in the facility, the COT DOES NEED to be done if score is changing (If Day 7 of COT Checkpoint lands on a billable PPS Day, the COT is needed)

An EOT Assessment that is done on Day 7 of the COT cycle (or prior to Day 7) takes the place of the COT, and the COT does not need to be done (even if score changes)

As of October 1, 2014, if you lose a Rehab RUG on a COT, you CAN regain a Rehab RUG on another COT. The COT can be combined with a Scheduled Assessment

As of October 1, 2014, if you lose a Rehab RUG on a Scheduled Assessment (that is not combined with a COT), you CANNOT regain a Rehab RUG on a stand-alone COT. You need to wait for the next Scheduled Assessment

## SNF PPS Clarifications Memo V1.0, September 2014

This memo provides clarification for certain Skilled Nursing Facility (SNF) Prospective Payment System (PPS) payment and assessment completion policies. Specifically, this memo addresses questions and scenarios related to the new completion standards for the Change-of-Therapy (COT) Other Medicare Required Assessment (OMRA), as finalized in the FY 2015 SNF PPS Final Rule (79 FR 45647 through 45649).

The clarifications contained in this memo will be incorporated into Version 1.12 of the Minimum Data Set, Version 3.0 (MDS 3.0) manual. However, all of the scenarios may not be included in the manual revisions, so readers are encouraged to refer to this document as needed in the future.

### 1. Basic rules related to new COT OMRA completion standards

Question: Under what general circumstances can I complete a COT OMRA for a resident who is not currently classified into a RUG-IV therapy group?

Answer: The COT OMRA may be completed when a resident is not currently classified into a RUG-IV therapy group, but only if both of the following conditions are met:

1. Resident has been classified into a RUG-IV therapy group on a prior assessment during the resident's current Medicare Part A stay, and
2. No discontinuation of therapy services (planned or unplanned) occurred between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group.

Under these circumstances, completing the COT OMRA to reclassify the resident into a therapy group may be considered optional. Additionally, the COT OMRA which classifies a resident into a non-therapy group or the COT OMRA which reclassifies the resident into a therapy group may be combined with another assessment, per the rules for combining assessments discussed in Sections 2.10 through 2.12 of the MDS 3.0 manual.

Scenario: Mr. T classified into the RUG group RUA on his 30-day assessment with an ARD set for Day 30 of his stay. On Day 37, the facility checked the amount of therapy provided to Mr. T during the previous 7 days and found that while he did receive the requisite number of therapy minutes to qualify for this RUG category, he only received therapy on 4 distinct calendar days, which would make it impossible for him to qualify for an Ultra-High Rehabilitation RUG group. Moreover, due to lack of 5 distinct calendar days of therapy and a lack of restorative nursing services, Mr. T. did not qualify for any RUG-IV therapy group. The facility completes a COT OMRA for Mr. T, with an ARD set for Day 37, on which he qualifies for LB1. Mr. T's rehabilitation regimen continues from that point, without any discontinuation of therapy or three consecutive days of missed therapy. On Day 44, the facility checks the amount of therapy provided to Mr. T during the previous 7 days and finds that Mr. T again qualifies for the RUG-IV therapy group RUA.

In this scenario, because Mr. T had qualified into a RUG-IV therapy group on a prior assessment during his current Medicare Part A stay (i.e., the 30-day assessment) and no discontinuation of therapy services (planned or unplanned) occurred between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group (Day 31, in this scenario) and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group (Day 44, in this scenario), the facility may complete a COT OMRA with an ARD of Day 44 to reclassify Mr. T. back into the RUG-IV therapy group RUA.

2. Discontinuation of therapy between classification to non-therapy RUG and potential reclassification into therapy RUG.

Question: What would constitute a discontinuation of therapy sufficient that, as noted in the second rule above, the resident experienced a discontinuation of therapy services (planned or unplanned) between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group?

Answer: For purposes of understanding this second rule, a discontinuation of therapy services is such that if the resident were classified into a RUG-IV therapy group, an EOT OMRA would be required for that resident. In other words, just as in the case of an EOT-OMRA, a discontinuation of therapy for the purposes of this second rule consists of the planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days. If such a circumstance should occur before the resident may be appropriately reclassified into a RUG-IV therapy group, then no such reclassification using a COT OMRA would be possible.

Scenario: Mr. A classified into the RUG group RVA on his 30-day assessment with an ARD set for Day 30 of his stay. On Day 37, the facility checked the amount of therapy provided to Mr. A during the previous 7 days and found that while he did receive the requisite number of therapy minutes to qualify for this RUG category, he only received therapy on 4 distinct calendar days, which would make it impossible for him to qualify for a Very-High Rehabilitation RUG group. Moreover, due to lack of 5 distinct calendar days of therapy and a lack of restorative nursing services, Mr. A did not qualify for any RUG-IV therapy group. The facility completes a COT OMRA for Mr. A, with an ARD set for Day 37, on which he qualifies for LB1. Mr. A's rehabilitation regimen is intended to continue from that point, but Mr. A does not receive therapy on Days 36, 37 and 38. On Day 44, the facility checks the amount of therapy provided to Mr. A during the previous 7 days and finds that Mr. A again qualifies for the RUG-IV therapy group RVA.

In this scenario, while Mr. A had qualified into a RUG-IV therapy group on a prior assessment during his current Medicare Part A stay (i.e., the 30-day assessment), a discontinuation of therapy services occurred between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group (i.e., the discontinuation due to Mr. A missing therapy on Days 36-38). Therefore, the facility may not complete a COT OMRA with an ARD of Day 44 to reclassify Mr. A back into the RUG-IV therapy group RVA.

### 3. EOT requirements for resident classified into a RUG-IV non-therapy group

Question: If a resident is classified into a non-therapy RUG on a COT OMRA and then the facility subsequently decides to discontinue therapy services for that resident, is an EOT OMRA required?

Answer: Per the manual instructions in Section 2.9 of the MDS 3.0 manual, an EOT OMRA is only required for a resident who experiences a discontinuation of therapy services while classified into a RUG-IV therapy group. Therefore, if a resident is classified into a non-therapy RUG on a COT OMRA and then the facility subsequently decides to discontinue therapy services for that resident, an EOT OMRA is not required for this resident.

### 4. Non-COT OMRA assessment classifying resident into a RUG-IV non-therapy group

Question: If an assessment other than a COT OMRA (e.g., a scheduled PPS assessment) classifies the resident into a RUG-IV non-therapy group from a RUG-IV therapy group, can a COT OMRA be used to reclassify the resident into a RUG-IV therapy group?

Answer: Per the policy finalized in the FY 2015 SNF PPS final rule and as illustrated by the second rule of clarification 1 above, a COT OMRA may be used to reclassify a resident into a RUG-IV therapy group only when the resident was classified into a RUG-IV non-therapy by a previous COT OMRA (which may have been combined with another assessment).

Scenario: Mr. E classified into the RUG group RUA on his 14-day assessment with an ARD set for Day 15 of his stay. No unscheduled assessments were required or completed between Mr. E's 14-day assessment and his 30-day assessment. On Day 29, the facility checked the amount of therapy provided to Mr. E during the previous 7 days and found that while he did receive the requisite number of therapy minutes to qualify for this RUG category, he only received therapy on 4 distinct calendar days, which would make it impossible for him to qualify for an Ultra-High Rehabilitation RUG group. Moreover, due to lack of 5 distinct calendar days of therapy and a lack of restorative nursing services, Mr. E did not qualify for any RUG-IV therapy group. The facility completes a 30-day assessment for Mr. E, with an ARD set for Day 29, on which he qualifies for LB1, but opts not to combine this 30-day assessment with a COT OMRA (as permitted under the COT rules outlines in Section 2.9 of the MDS 3.0 manual) Mr. E's rehabilitation regimen continues from that point, without any discontinuation of therapy or three consecutive days of missed therapy. On Day 36, the facility checks the amount of therapy provided to Mr. E during the previous 7 days and finds that Mr. E again qualifies for the RUG-IV therapy group RUA.

In this scenario, although Mr. E had qualified into a RUG-IV therapy group on a prior assessment during his current Medicare Part A stay (e.g., the 14-day assessment), the assessment which classified Mr. E into a RUG-IV non-therapy group was not a COT OMRA. Therefore, the facility may not complete a COT OMRA with an ARD of Day 36 to reclassify Mr. E back into the RUG-IV therapy group RUA.