

## **CMS Updates and Clarifications**

### **Based on Nov 3, 2011 CMS New Rules Training Call**

#### **Setting the ARD**

- For scheduled PPS assessments, the ARD must be set for a day within the ARD window, and it must be done before the ARD window closes. In other words, the ARD must be set within the window. The definition of “set” is ARD is selected on MDS in software or hardcopy MDS.
- For the COT OMRA, EOT OMRA, and SOT OMRA, the ARD may be set after the window has passed.

#### **COT OMRAs and Resident Interviews**

- CMS allows that the ARD for a COT to be set after the ARD has passed; as a result, the need for the COT may not be determined during the COT observation period resulting in the inability to perform Interviews on or before the ARD.
- CMS has stated that resident interviews may be conducted one to two days after the ARD of a COT OMRA.
- Facilities should anticipate when a COT OMRA will be needed and complete resident interviews in as timely a manner as possible, and therefore interviews should not occur after the ARD of the COT OMRA very often.
- In the event an interview is not possible, code Staff Observations to the best of your ability.

#### **COT Observation**

- When COT observation is completed, a COT OMRA is required if the resident is classified into a different therapy RUG; COT OMRA not required if the only change in the RUG is due to a change in ADL status.
  - COT decision shorthand:
    - COT OMRA required if the second character in the RUG code changed, such as the middle letter in RUC, RVX, RMA, RHL, etc.
    - COT OMRA not required if the second character is unchanged but the third character is different.
- When the day of discharge from SNF or off Medicare is day 7 of COT observation, a COT OMRA is not required but is allowed. Consider completing COT if RUG would go up.

#### **Unscheduled Assessments in ARD Window of a Scheduled Assessment**

- From the CMS handout:
  - If the ARD for an unscheduled PPS assessment falls within the ARD window (including grace days) of a scheduled PPS assessment, and the ARD for the scheduled assessment would be set for a day after that of the unscheduled assessment, then the assessments must be combined.
    - For example, if the ARD for an EOT OMRA is Day 14 of a resident's stay and the 14 day scheduled PPS assessment had not been set for Day 13, then the assessments must be combined using day 14 as ARD, and facility should use the appropriate AI code to indicate the combined assessment.
  - If the ARD of the scheduled assessment is mistakenly set for a day that is after the ARD of the unscheduled assessment, the scheduled assessment is deemed invalid and payment is set as if the assessments had been completed properly.

- **From the Question & Answer session and Q&A Document:** If the ARD of the scheduled assessment is set for **on or prior to** Day 7 of the COT observation period, then no COT OMRA is required. It may, however, be combined at the discretion of the facility, if the circumstances surrounding the situation are appropriate.
  - For example, if the COT ARD is Day 15, and the RUG would go down, select Day 13, 14, or 15 as the ARD of the Scheduled MDS. With selecting an ARD on or before the ARD of the COT, no COT is required.
  - If the RUG would go up, it would be best practice to combine the MDS and complete the COT.

### **Effect of Leave of Absence on PPS Assessments**

- For scheduled assessments, the Medicare assessment scheduled is adjusted to exclude the LOA when determining the appropriate ARD for a given assessment. For example, a resident leaves the SNF at 6 p.m. on Wednesday (Day 27) and returns to the SNF on Thursday at 9 a.m. Wednesday becomes a non-billable day and Thursday becomes Day 27 of the resident's stay.
- For unscheduled assessments, days during which a resident experiences an LOA must be counted toward the ARD for a given unscheduled assessment.
  - EOT OMRA example: A resident did not receive therapy Monday, Tuesday, and Wednesday. He went to the emergency room at 9 p.m. Wednesday and returned to the facility at 10 a.m. Thursday. Whether or not therapy is provided on Thursday, an EOT OMRA would be required with an ARD set for Monday, Tuesday, or Wednesday.
  - COT OMRA example: The ARD for a 30-day assessment was set for Nov. 7. The resident went to the ER at 11 p.m. November 9, returning at 2 p.m. November 10. Day 7 of the COT observation period would remain Nov. 14.

### **End of Therapy OMRA**

- Based on CMS slides and Q&A Answers: A rule change is now in effect. An EOT OMRA is not required until the resident missed three full consecutive calendar day of therapy. The key here is “3 full consecutive days” after therapy has ended must pass before EOT is required. If therapy had actually ended, then of course the resident would only continue on Part A if there was a nursing skilled service.
  - Therapy ended on Friday, the resident was discharged on Sunday. The facility wants to bill Saturday for skilled nursing services. An EOT OMRA is not required. Bill the same therapy RUG currently in effect.
  - Resident received therapy on Friday, refused on Saturday, none on Sunday, and Discharged on Monday, no EOT is required.
    - If the “3<sup>rd</sup> day” of the EOT count falls on “day of discharge” either from facility or from Medicare (not a covered day), no EOT would be required.
  - Therapy ended on Friday, no therapy on Saturday, Sunday or Monday but remains skilled for a nursing skilled service. Resident discharged of Medicare on Tuesday (not a covered day). Since three full consecutive days have passed, must complete an EOT.