

MDS Alert

Don't Let Therapy Minutes Slip By The MDS

Is your facility making these 4 common mistakes?

Minutes count when it comes to calculating rehab RUGs, and if you're not capturing them accurately on the MDS, the facility is throwing money out the window.

Make sure your facility is covering its rehab RUGs by avoiding these four common mistakes in counting and recording minutes, days and disciplines of therapy on the MDS:

1. The facility hasn't defined accurately what constitutes a "countable" minute. For example, many SNF therapists actually go to the patient's room to pick him up for therapy. "And if any goal-directed therapy occurs during this very functional activity, it can be counted as a therapy minute," says **Gary Woessner**, principal of **Woessner Healthcare Consulting** in Edina, MN.

Let's say the therapy plan of care includes improving the resident's ability to transfer from bed to wheelchair and wheelchair to toilet. "If the therapist helps the patient get into the wheelchair in order to go to therapy, and uses the same cueing techniques he would use in the gym, therapy has occurred," Woessner notes. In other words, the site of therapy is less important than the teaching of goal-directed functional skills.

2. The facility doesn't accurately record and tally minutes of therapy. Medicare Part A requires providers to record actual therapy minutes, and you can bet your fiscal intermediary may ask to see the therapy log as part of medical review. To keep the logs as accurate as possible, consultant **Pauline Watts, PT**, advises all therapy disciplines (speech, physical therapy and occupational therapy) to record minutes on the same log. "Then you have the minutes for each discipline and can total the minutes for the day at the bottom of the page," says Watts, a co-founder of **Encompass Education Inc.**, a rehabilitation education and consulting firm in Palm Harbor, FL.

3. The facility doesn't keep accurate track of the days of therapy treatment per therapy discipline. For MDS purposes, you have to have a minimum of 15 minutes to count the day as a day of treatment, Watts notes. "So if a patient had 10 minutes of PT on one day, you can't count that as a day of therapy, although you can count the 10 minutes toward the total RUGs requirement," she says. "But if the resident also received 45 minutes of OT that day (but left physical therapy early because he was too tired to continue), then you could count that as a day of therapy for OT," Watts adds.

Compliance Tip: Never round up minutes of therapy. The **Centers for Medicare & Medicaid Services'** DAVE (Data Assessment Verification) project has flagged that practice as one for auditors to keep their eyes on.

4. The facility hasn't set up an effective communication system between therapy and nursing for the MDS process. Poor communication between nursing and therapy can result in an inappropriate assessment date (ARD) or failure to capture the correct therapy minutes on the MDS. In Watts' view, whoever is in charge of rehab should collect the therapy minutes and days, as well as project the minutes for Section T, and then communicate that information to the MDS coordinator. "And that person and the MDS coordinator should be joined at the hip," Watts emphasizes. "That way, if something happens, they can move the ARD up or back to ensure the person gets in the appropriate RUG."

Whatever you do, make sure both the nursing and the therapy department have the same ARD, advises **Marilyn Mines, RN**, a consultant with **FR&R Healthcare Consulting** in Deerfield, IL. "Otherwise, the records are going to show a discrepancy."

Tip: Do you see a pattern of residents being paid at rehab high on the 5-day MDS, followed by ultra or very high rehab on the 14-day MDS? "If so, the facility may not have selected an ARD for that 5-day assessment that captured five days of treatment and sufficient therapy minutes," says **Christine Twombly, RNC**, chief clinical consultant with **Reingruber & Company** in St. Petersburg, FL. "If the staff had selected a later ARD (within the eight days permitted, including the three grace days), the facility may have been able to generate a higher rehab rate on the 5-day assessment as well," she notes.