

## MDS Alert

### Medicare: 2 Pointers Help You Steer Clear of Problems With the SOT OMRA

**The first strategy will help prevent confusion about what rules apply when.**

If the Start of Therapy OMRA leaves you scratching your head in some cases, you're not alone. Experts suggest considering these pivotal principles to help you stay on top of this optional assessment.

1. Keep the rules for the short-stay assessment separate. Consultant **Marty Pachciarz, RN, RACCT**, suggests people "put the short-stay designation and rules on the 'other side of the mountain' and focus on the SOT OMRA in the other instances" in which it's used under PPS. That's because the rules for doing the SOT OMRA for the short-stay designation are unique. (To review the rules for the short-stay assessment, see Chapter 6 of the RAI User's Manual.)

2. Beware combining the 5-day/readmission assessment with the SOT OMRA except for short-stay assessments.

Rationale: "The assessment reference date for an SOT OMRA has to be five to seven days after the therapy start date, counting the therapy start date (therapy evaluation) as day one," explains Pachciarz, director of clinical services for Polaris Group based in Tampa, Fla. "If the start date is the third day of the stay, then the ARD must be days 7, 8, or 9. And using days 7 or 8 would be allowed for the 5-day MDS." If the resident in that case goes into a rehab RUG due to case-mix index maximization, the facility is better off completing the 5-day MDS only, she adds.

Another example: Suppose the therapy start day is day 5, says Pachciarz. In that case, "the ARD choices are days 9, 10, or 11." And "you cannot combine a SOT OMRA with the 5-day because the ARD rules will not allow it."

Option: If a nursing RUG will pay more than the therapy RUG on the 5-day MDS, then you could set the ARD to "preclude the therapy RUG," says **Judy Wilhide Brandt, RN, RAC-MT, C-NE**, a consultant in Virginia Beach, Va. For example, "if resident has COPD and shortness of breath lying flat, and depression (and they mostly do) and an ADL score of 2, which is very common," he'll go into HE2, says Brandt. And "HE2 pays more than several rehab RUGs."

Tip: If you're ever considering combining the 5-day with the SOT OMR in any scenario other than the shortstay assessment, review your reasoning with an expert to see if you're making the right decision to combine the assessments, advises **Jennifer Pettis, RN, WCC, RACMT**, director of program development for Harmony Healthcare International in Topsfield, Mass.

Editor's note: Be aware that CMS could make changes to the SOT OMRA instructions in its upcoming update to the RAI User's Manual this spring.