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MDS Alert

Payment Trends: 2 Reasons Why Use of Medicare Short-Stay Assessment May Be Limited

The short-stay policy is no Section T.

The short-stay assessment for rehab patients may not end up on the most popular assessment list. "The challenge with the short-stay is that there are eight very specific, non-negotiable requirements to qualify, which are going to be fairly difficult to achieve," says **Glenda Mack, MSPT, CWS, CLT,** senior director of clinical operations for PeopleFirst Rehabilitation in Louisville, Ky (see the algorithm on page 127, which lists the eight must-do's).

Pauline Franko, PT, MCSP, says she's been telling people that doing the short-stay assessment "is going to be the exception rather than the rule for the vast majority of residents."

Reasoning: Franko predicts that when SNFs do the assessment, if at all, it will be for medically unstable patients discharged too early from the hospital who are readmitted to the hospital shortly after SNF admission. And if the patients are that medically unstable, why is therapy starting treatment? asks Franko, a consultant in Tamarac, Fla. In her view, therapy should allow the resident to stabilize medically rather than using the short-stay assessment on everyone, which she notes SNFs did with Section T of the MDS 2.0.

"The whole point," Franko adds, is that given that the ARD for the 5-day PPS assessment is day eight (if you use the grace days), the resident should be able to receive five days of rehab under the MDS 3.0.

Thus, there would be no need to do the SOT OMRA or combine it with the 5-day PPS assessment, she points out.

As for short-stay rehab residents: Franko notes that most have undergone elective joint replacement and are in the SNF for a planned stay of five or six days. And in those cases, the facility should begin therapy on day one to get in five days of therapy during a five-day stay. "Most of the SNFs who accept such patients are set up to do weekend therapy."

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