

MDS Alert

Test Yourself: Nail Down When To Do A Significant Change Assessment, An OMRA--Or Both

How would you handle these therapy scenarios?

Rehab therapy patients who improve during their treatment may seem to meet the criteria for doing a significant change in status assessment, but hold the MDS.

When the resident is receiving rehab therapy, you expect him to improve or he wouldn't stay on skilled therapy, says **Patricia Boyer, RN, MSM, NHA**, principal of Boyer and Associates in Brookfield, WI. Thus, you wouldn't consider doing a significant change in status assessment until he plateaus and stops making any further progress, Boyer advises.

Once the resident plateaus, take a look at his ADL function and status compared with the previous comprehensive assessment. If it meets the RAI manual criteria for a significant change (an improvement or decline in two or more areas that's not self-limited), you'd have 14 days after determining the change to do the SCSA, which includes the RAPs. In addition, if the person is coming off therapy and still has a skilled nursing need that will qualify him for continuing Part A coverage, you have to do an OMRA (Other Medicare Required Assessment) within eight to 10 days after all therapy stops.

You can combine an SCSA and OMRA. Doing so recognizes that the resident in a rehab RUG has had a significant change requiring RAPs and care planning--and that he's coming off rehab and going into a clinical RUG, says **Nancy Augustine, RN, MSN**, a consultant with **LTCQ Inc.** in Lexington, MA.

Test Your Assessment Know-How

How would you manage the following examples in terms of choosing to do an SCSA, OMRA--or both?

Example No. 1: A resident admitted to the facility with tube feedings that have never been covered by Medicare develops pneumonia, postulates **Marilyn Mines, RN, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.

After a three-day qualifying hospital stay to treat the pneumonia, the resident comes back to the SNF and receives enough rehab therapy to go into a medium rehab RUG. After the therapy, the resident's status is exactly the same as it was before he developed pneumonia.

The MDS team has always recorded the resident's tube feeding on the MDS--and the hospital didn't change the resident's orders for tube feedings.

Answer: OMRA yes, SCSA no. In this case, you'd do an OMRA to skill the person based on the tube feedings for the days left in the 100-day benefit period, suggests Mines. "But you wouldn't do an SCSA because the resident's clinical picture is accurate and hasn't changed since the last comprehensive assessment," she adds.

Example No. 2: A Medicare resident in a very high rehab RUG undergoes a significant change due to persistent decline in two ADLs, an infected new Stage III pressure ulcer and nutritional deficit requiring IV feedings. The physician and interdisciplinary team decide the resident can benefit from rehab therapy and restorative nursing sufficient for him to go into low rehab.

Answer: SCSA yes, OMRA no. The significant change assessment will put the person into a low rehab plus extensive

services RUG.

"Once his therapy stops, you'd do an OMRA within eight to 10 days if the resident will continue to be skilled under Part A for a daily skilled nursing need," says Augustine.