

MDS Alert

What Do You Think?

Can You Count T herapy Student Involvement in Concurrent T herapy Under Part A ?

The answer is yes, if ...

SNFs will be able to code concurrent therapy on the MDS 3.0 when a therapy student is involved in the following scenarios, according to Chapter 3, Section O, of the MDS 3.0 RAI manual:

- "The therapy student is treating one resident and the supervising therapist/assistant is treating another resident and the therapy student is in line-of-sight; or
- The therapy student is treating two residents, both of whom are in line-of-sight of the therapy student and the supervising therapist/assistant; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating two residents at the same time, regardless of payer source, both of whom are in line-of-sight."

Remember: "For Part B, residents may not be treated concurrently," states the MDS 3.0 RAI User's Manual.

For an article on coding Part B therapy minutes on the MDS 3.0, see the next MDS Alert.

Can You Count Set-Up T ime on the MDS 3.0 Provided by T herapy A ides?

The MDS 3.0 RAI manual sheds light on this issue.

You can definitely count set-up time on the MDS where a therapist aide, for example, attaches electrodes, says **Kate Brewer, PT, MBA, GCS, RAC-CT**, VP of Greenfield Rehabilitation Agency in Greenfield, Wis. The therapy aide has to be under the direct supervision of the therapist or therapist assistant.

How that differs from MDS 2.0: While the 2.0 version says you can count set-up time, it doesn't clearly identify who could do that set-up time, says **Shehla Rooney**, a physical therapist and principal of Premier Therapy Solutions in Cookeville, Tenn.

Remember: Based on the RAI User's Manual instructions released on Nov. 9, 2009, "aides cannot be used to deliver skilled services," states the American Physical Therapy Association on its website.

Will 3-day Stays in T hese Facilities Count as Qualifying Hospital Stays?

The answer may surprise you.

Do three-day stays in inpatient rehabilitation facilities or long-term care hospitals count as qualifying hospital stays for the SNF Part A skilled nursing facility benefit?

"An inpatient rehab facility stay will count as a qualifying hospital stay," says **Glenda Mack, PT, MSPT, CWS, CLT**, senior director of clinical operations for Peoplefirst Rehabilitation in Louisville, Ky. An example might include a person who'd had a stroke at home and went to a short-term acute care hospital to be stabilized before going to an IRF, she says.

"If the patient stayed in the IRF for 32 days, the patient could still access his SNF Part A skilled benefit, even though he'd

been out of the short-term acute care hospital longer than 30 days," says Mack. "The IRF stay would count as a qualifying hospital stay for the SNF benefit." Mack points out that "it is not uncommon for patients to transition between IRF and SNF placement during the recovery cycle if they meet the admission criterion for each level of care."

A three-day stay in a long-term care hospital (LTCH) would also meet the requirement for a qualifying hospital stay, says attorney **Marie Berliner**, in Austin, Texas.

Tip: Whether the resident has been in an IRF or a LTCH, look at the facility's state licensure to make sure the facility is licensed as a hospital, advises Berliner.