

## MDS Alert

### What Do You Think?

**Question 1:** The resident's last therapy date was Feb. 21. Medicare ended on Feb. 23. The resident will stay in our facility as a long term resident. Do I need to do an End of Therapy (EOT) assessment?

**Answer 1:** The requirements for completing an EOT are located in the RAI manual, Chapter 2, page 48.

An EOT is only required under the following circumstances:

When the resident was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group, AND continues to need Part A skilled nursing facility (SNF)-level services after the planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days.

Looking at the scenario above, this resident would not need to have an EOT completed since he/she is not remaining on Medicare, and therapy was not received for only one day prior to the change in payor source.

**Question 2:** The resident's 60 day MDS has an Assessment Reference Date (ARD) of Feb. 8. The physical therapist informed me that a Change of Therapy (COT) was needed on Feb. 15 but did not notify me until Feb. 17. Can I still open the COT?

**Answer:** Yes, you can. There is a two-day grace period for opening any unscheduled stand-alone Other Medicare Required Assessment (OMRA). Per the RAI manual, Chapter 2, page 55:

".....facilities must set the ARD for the assessment for a day within the allowable ARD window for that assessment type, but may only do so no more than two days after the window has passed."

Source: Answers provided by **Marilyn Mines, RN, BC, RAC-CT**, senior manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill.