

Prevent delays in payments by correctly entering Therapy Start and End Dates

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To prevent delays in processing payments, staff must ensure that the Therapy Start and End Dates are correctly entered on all Prospective Payment System (PPS), Omnibus Budget Reconciliation Act (OBRA) comprehensive, and OBRA noncomprehensive assessments when appropriate.

Here are some tips to ensure payments are processed without delays:

- Enter Therapy Start and End Dates if the resident received therapy services at any time after their
 most recent Entry or Re-entry to the facility. These dates continue to be pulled forward to subsequent
 Minimum Data Sets (MDS), even if no therapy days or minutes were entered on the MDS, until either a
 new therapy regime is started, or the resident did not receive therapy services after their most recent
 entry.
- Therapy Start Date: Record the date the most recent therapy regimen (since the most recent entry/reentry) started. This is the date the initial therapy evaluation is conducted regardless of treatment was rendered or not or the date of resumption, in cases where the resident discontinued and then resumed therapy.
 - o To determine the Therapy Start Date:
 - Look at the entry Date in A1600
 - Determine whether the resident received skilled therapy services at any time from that date to the Assessment Reference Date (ARD) of the assessment.
 - If so, enter the date that the therapy regimen started; if there was more than one therapy regimen since the A1600 date, enter the start date of the most recent therapy regimen.
- Therapy End Date: Record the date the most recent therapy regimen (since the most recent entry)
 ended. This is the last date the resident received skilled therapy treatment. Enter dashes if therapy is
 ongoing.

Review 2022 statutory language changes

The 2022 Legislature revised the statutory language of Minnesota Statutes, section 144.0724, subdivision 4, to improve clarity. The change does not affect the statute's intent, the Resident Assessment Instrument (RAI) Manual requirements, or the Case Mix Review (CMR) audit process. Below is the revised statutory language with changes indicated by **bold** text.

A Significant Change in Status Assessment (SCSA) is required when:

All speech, occupational, and physical therapies have ended. If the most recent OBRA comprehensive
or noncomprehensive assessment completed does not result in a rehabilitation case mix
classification, then the Significant Change in Status Assessment is not required. The ARD of this
assessment must be set on day eight after all therapy services have ended.

The last day therapy was provided is considered day (zero) 0 when determining the ARD of the SCSA.

A Significant Change in Status Assessment (SCSA) is also required when:

Isolation for an infectious disease has ended. If isolation was not coded on the most recent OBRA
comprehensive or noncomprehensive assessment completed, then the Significant Change in Status
Assessment is not required. The ARD of this assessment must be set on day 15, after isolation has
ended.

The last day of isolation precautions is considered day (zero) 0 when determining the ARD of the SCSA.

For additional information, refer to Laws 2022, chapter 98, article 1, section 20:

CHAPTER 98--H.F.No. 4065 (https://www.revisor.mn.gov/laws/2022/0/98/)

2021 statute change FAQ document update

Please review the 2021 Statute Change FAQ

(https://www.health.state.mn.us/facilities/regulation/casemix/docs/2021statutechangefaq.pdf)

document for updates to questions number nine and number 10.

If you have questions, contact: health.fpc-cmr@state.mn.us

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To obtain this information in a different format, call: 651-201-4200.