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“Survival of the Fittest” The Final Rule

Understand the PPS 2011 Final Rule

Presented by: SunSolutions Consulting



Agenda

- ❖ New MDS Assessment Schedule
- ❖ Allocation of Group Therapy Minutes
- ❖ Revised Student Supervision Provisions
- ❖ EOT OMRA and New Resumption Items
- ❖ New PPS Assessment: COT OMRA

MDS Assessment Schedule

- ❖ Beginning in FY 2012, facilities must use the updated MDS Assessment schedule for setting the assessment reference date (ARD) for scheduled PPS assessments.
- ❖ Effective for all assessments where the assessment reference date (ARD) falls on or after October 1, 2011.

MDS Assessment Schedule

Old Schedule

Medicare MDS Assessment type	Reason for Assessment (A0310B code)	Assessment Reference Date Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days
5 day*	01	Days 1 –5	6 -8	1 through 14
14 day	02	Days 11 -14	15 –19	15 through 30
30 day	03	Days 21 –29	30 –34	31 through 60
60 day	04	Days 50 –59	60 –64	61 through 90
90 day	05	Days 80 –89	90 –94	91 through 100

Revised Schedule

Medicare MDS Assessment type	Reason for Assessment (A0310B code)	Assessment Reference Date Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days
5 day*	01	Days 1 –5	6 -8	1 through 14
14 day	02	Days 13 -14	15 –18	15 through 30
30 day	03	Days 27 –29	30 -33	31 through 60
60 day	04	Days 57 -59	60 –63	61 through 90
90 day	05	Days 87 –89	90 –93	91 through 100

MDS Assessment Schedule

Note:

- ❖ When October 1, 2011 is Day 19,34,64, or 94 of the Medicare Part A SNF stay, assessments should be completed by September 30 or the assessments will be considered late and payment penalties will apply.

MDS Assessment Schedule

- ❖ For assessments with an ARD set for on or after October 1, 2011, the ARD must be in compliance with the revised MDS assessment schedule, otherwise early/late assessment penalties may apply. For example:

If the ARD for a 14-day assessment is set for October 1, 2011 and this date is equivalent to Day 19 of the resident's stay, then the late assessment penalty will apply and the facility must bill the default RUG for Days 15 –18.

If the ARD for a 14-day assessment is set for October 1, 2011 and this date is equivalent to Day 12 of the resident's stay (one day early), then the early assessment penalty will apply and the facility must bill the default RUG for the first day of the next payment period (Day 15).

MDS Assessment Schedule

A Word on Combining Scheduled and Unscheduled PPS Assessments

- ❖ If the ARD for an unscheduled PPS assessment falls within the ARD window (including grace days) of a scheduled PPS assessment, and the scheduled assessment has not yet been completed, then the assessments must be combined.
- ❖ If the ARD for a COT OMRA is Day 14 of a resident's stay and the 14-day scheduled PPS assessment has not yet been completed, then the assessments must be combined and facilities should use the appropriate AI code to indicate the combined assessment.

Calendar Example: Assessment Schedule Change 14 and 30 Day Example

October 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 ADMIT DATE	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3			

Key: Current
 10/1/2011

MDS Assessment Schedule

A Word on Combining Scheduled and Unscheduled PPS Assessments

❖ **What Item Set do I use for the combined assessment?**

- The Item Set for the scheduled assessment should be used.

❖ **What do I use for the ARD of the combined assessment?**

- The ARD for the combined assessment is what would have been used for the unscheduled assessment.

Group Therapy Allocation

FY 2012 Policy Highlights

- ❖ Modified Definition of Group Therapy
- ❖ Allocation of Group Therapy Minutes
- ❖ Group Therapy and Student Supervision
- ❖ Documentation Requirements

Group Therapy Allocation

❖ Modified Part A Definition of Group Therapy

- Group therapy is defined as therapy provided simultaneously to four patients (regardless of payer source) who are performing the same or similar activities
- Facilities must plan group therapy sessions to include no more or less than four participants.

Why choose four?	
Larger groups make it difficult to manage all of the patients effectively.	Smaller groups limit the ability of patients to interact and learn collectively.

Group Therapy Allocation

- ❖ **Question:** What happens if one of the participants gets sick or refuses to show up?
- ❖ **Answer:** As long as the facility had originally planned the session for four participants, then the group session can still be counted for the other group members.

Note: The minutes in this case will still be divided by four for each remaining participant.

Group Therapy Allocation

Allocation of Group Therapy Minutes

- ❖ Effective for assessments with an ARD set on or after October 1, 2011, all group time reported on the MDS will be divided by four when determining each resident's appropriate RUG classification.
- ❖ Unallocated group time reported on the MDS 3.0 is divided by four by the RUG-IV grouper and used for RUG Classification.

Group Therapy Allocation

Allocation of Group Therapy Minutes

Example

- ❖ Four residents in SNF X participate in a group session for a total of 60 minutes.
- ❖ Facility records 60 minutes of group therapy for each resident on each MDS. The unallocated group time is divided by four by the RUG-IV grouper. Allocated group therapy minutes (15 minutes) are then used to determine each patient's RUG classification.

Group Therapy Allocation

Allocation of Group Therapy Minutes

- ❖ **Question:** Does the group therapy cap (i.e., that a resident's group minutes cannot constitute more than 25 percent of his/her total therapy time) still apply?
- ❖ **Answer:** The cap will still apply and will apply to the patient's reimbursable therapy minutes after allocation.

Group Therapy Allocation

Documentation Requirements

- ❖ SNFs must ensure that patient care follows a prescribed and documented plan of care.
 - Relevant Regulatory Guidance
 - Code of Federal Regulations
 - » Section 409.23
 - » Section 409.17 (b) through (d)

Group Therapy Allocation

Documentation Requirements

- ❖ Documentation in patient's medical record should be sufficient to justify plan of care and to identify potential changes in patient's medical condition.
- ❖ Skilled services, particularly therapy services, should be properly tailored to the individualized goals of the patient.

Group Therapy Allocation

Documentation Requirements

- ❖ Medical record and plan of care should include descriptions of prescribed therapy type (individual, concurrent, group), modalities (PT, OT, SLP), rationale for particular therapy regimen, and who is providing the therapy (therapist or student).

Remember: Patients are Individuals

Therapy Student Supervision

- ❖ Effective October 1, 2011, students are **no longer required** to be under line-of-sight supervision.
- ❖ The SNF's supervising therapists are expected to exercise their own judgment regarding the level of supervision a particular student may require.

Therapy Student Supervision

- ❖ APTA, AOTA, and ASHA have provided recommendations on student supervision guidelines.
- ❖ Their guidance is available on the SNF PPS website at: www.cms.gov/SNFPSS/Spotlight.asp

Therapy Student Supervision

- ❖ **Question:** How do I bill when I am supervising a student?
- ❖ **Answer:** For billing purposes, the student is considered an extension of the therapist.

Therapy Student Supervision

Individual Therapy and Student Supervision

- ❖ Code as **individual therapy** when the therapist **or** student is treating one resident, while the other is not treating/supervising any other residents/therapists

Therapy Student Supervision

Concurrent Therapy and Student Supervision

- ❖ Code as **concurrent therapy** when the therapist **and** student are treating **one resident each**, while not treating/supervising any other residents/therapists

Therapy Student Supervision

Concurrent Therapy and Student Supervision

- ❖ Code as **concurrent therapy** if the therapist is treating 2 residents while the student is not treating any residents.

or

- ❖ If the student is treating 2 residents while the therapist is not treating any residents.

Therapy Student Supervision

Group Therapy and Student Supervision

- ❖ The time for a group session may only be counted if the full group of four participants is being run by either the supervising therapist or the student, while the other may not be supervising any other therapists or treating residents.

Student treats two residents while the supervising therapist treats two residents, all doing the same activity.

-May not be counted-

Supervising therapist treats four residents doing the same activity, while the student does not treat any residents.

-May be counted-

Group Therapy Allocation

Group Therapy and Student Supervision

- ❖ **Question:** Can a supervising therapist be supervising other patients/students while his/her student is conducting the group session?
 - **Answer:**No. Consistent with current policy, the supervising therapist may not be supervising any other patients or students at that time.

Group Therapy Allocation

Group Therapy and Student Supervision

- ❖ **Question:** Can the supervising therapist bill for a group therapy session in cases where the supervising therapist is treating two patients while the therapy student simultaneously treats two patients, all of whom are doing the same activity?
 - **Answer:** No. A group therapy session must be a single planned session involving four participants working together on the same or similar activities.

Question 1: Student Supervision

- ❖ True or False: Starting October 1, 2011, all students should provide therapy outside line-of-sight supervision, regardless of training or qualifications?

Answer 1: Student Supervision

- ❖ **False**; while line-of-sight supervision is no longer required, providers must still exercise discretion over which students are prepared to operate independently.

Question 2 :

Group Therapy Allocation

- ❖ SNF X plans a group therapy session for four residents. Ten minutes into the session, one of the residents becomes ill and must return to his room. In order for the group session to count for the other three patients, the facility should:
 - A. Move the session to the sick patient's room.
 - B. Return the patients to their rooms. With three people, the session will not count no matter what the facility does.
 - C. Since the session was originally planned for four participants, the facility can continue with the session and the minutes will count for the remaining participants.
 - D. Force the sick resident to participate.

Answer 2 :

Group Therapy Allocation

- ❖ C. Since the session was originally planned for four participants, the facility can continue with the session and the minutes will count for the remaining participants.

Note: Therapy time will still be divided by four.

Question 3: MDS Assessment Schedule

- ❖ True or False: On or after October 1, 2011, SNFs will be given the opportunity to choose whether to use the old or new MDS assessment schedule.

Answer 3: MDS Assessment Schedule

- ❖ **False**; Effective for assessments where the assessment reference date (ARD) is set on or after October 1, 2011, **all** SNFs must follow the revised MDS assessment schedule.

Question 4: Student Supervision

What type of therapy should be billed for each patient in the following situations?

<p>Therapy student treats Mr. B while the supervising therapist treats Ms. M doing a different activity.</p>	
<p>Supervising therapist treats Mr. E while the student does not treat any patients.</p>	
<p>Supervising therapist treats Ms. P and Mr. T while his therapy student treats Ms. L and Mr. H, all of whom are doing the same activity.</p>	

Answer 4: Student Supervision

What type of therapy should be billed for each patient in the following situations?

Therapy student treats Mr. B while the supervising therapist treats Ms. M doing a different activity.	Concurrent Therapy
Supervising therapist treats Mr. E while the student does not treat any patients.	Individual Therapy
Supervising therapist treats Ms. P and Mr. T while his therapy student treats Ms. L and Mr. H, all of whom are doing the same activity.	Nothing; inconsistent with all therapy definitions.

EOT OMRA

- ❖ “Three Day” Policy
- ❖ Clarification of Issuing Advanced Beneficiary Notice
- ❖ End of Therapy with Resumption (EOT-R)

EOT OMRA: “Three Day” Policy

- ❖ EOT OMRA must be completed when a beneficiary classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group did not receive any therapy services for three or more consecutive calendar days for any reason.
- ❖ ARD for EOT OMRA must be set for day 1, 2, or 3 from the date of the resident’s last therapy session.
- ❖ For purposes of this policy, an EOT OMRA is expected to be completed for missed therapy days regardless of whether therapy is missed on a weekday, weekend, or holiday.

EOT OMRA

Clarification of Issuing Advanced Beneficiary Notice

- ❖ **Question:** If the only skilled service that a patient is receiving is therapy-related and the patient does not receive any therapy for three consecutive calendar days, is the facility *always* required to issue the patient an Advanced Beneficiary Notice (ABN)?

EOT OMRA

Clarification of Issuing Advanced Beneficiary Notice (ABN)

- ❖ **Answer:** No, a facility is not always required to issue an ABN in this situation, per current policy. The SNF ABN is intended to give the beneficiary a reasonable amount of time to make an informed decision on whether to receive care for which Medicare might not pay. The completion of an EOT OMRA, however, does not necessarily indicate an impending end of coverage in every instance, as this action automatically accompanies *any* three-day lapse in therapy, even when the facility fully expects that therapy will resume on the following day.

EOT OMRA

Clarification of Issuing Notice of Medicare Non-Coverage (NOMNC)

- ❖ **Question:** If the only skilled service that a patient is receiving is therapy-related and the patient does not receive any therapy for three consecutive calendar days, is the facility required to issue the patient a Notice of Medicare Non-Coverage (NOMNC)?
 - **Answer:** No. The NOMNC is not issued when care ends either at the beneficiary's initiative or for provider business reasons (such as SNF's decision not to offer therapy on certain days of the week).

EOT OMRA

End of Therapy with Resumption (EOT-R)

- ❖ Not a new PPS Assessment
- ❖ May be used when the resident will resume at the **same therapy level as prior to the discontinuation of therapy.**
- ❖ Resumption of therapy must occur **no more than five days after the last day of therapy provided.**
- ❖ Will be effective for all EOT OMRA assessments with resumption with an ARD on or after October 1, 2011.

Assessment Reference Date EOT-R Scheduling

October 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5 (Day 35 Non Therapy Day)	6	7	8
9 Therapy Resumes EOT-R Completed	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Non-therapy RUG (Z0150) from EOT-R pays for the non-therapy days
Therapy RUG from 30-day resumes day 39



EOT OMRA

- ❖ How do I modify an EOT into an EOT-R?
 - If the EOT OMRA has not been accepted in the QIES ASAP when therapy resumes, code the EOT-R items (O0450A and O0450B) on the assessment and submit the combined EOT/EOT-R record.

EOT OMRA

- ❖ How do I modify an EOT into an EOT-R?
 - If the EOT OMRA without the EOT-R items has been accepted into the QIES ASAP system, then submit a modification request for that EOT OMRA with the only changes being the completion of the EOT-R items and check X0900E to indicate that the reason for modification is the addition of the Resumption of Therapy date.

COT OMRA

-NEW PPS ASSESSMENT-

- Overview of COT OMRA policy
- What must a facility actually consider?
- What are the RUG categories?
- When is a COT OMRA required?
- COT OMRA Billing Example
- COT OMRA and Index Maximization

COT OMRA

- ❖ Effective for all assessments with an ARD on or after October 1, 2011, a COT OMRA is required
- ❖ if the therapy received during the COT observation period does not reflect the RUG-IV classification level on the patient's most recent PPS assessment used for payment.
- ❖ COT Observation Period: A successive 7-day window beginning the day following the ARD of the resident's last PPS assessment used for payment.*
- ❖ *In cases where the last assessment was an EOT-R, then the COT observation period begins on the resumption date listed in O0450B.

COT OMRA

- ❖ In order to determine if a COT OMRA is required, providers should perform an informal **change of therapy evaluation** that considers the intensity of the therapy the patient received during the COT observation period.

But what must a facility actually consider?

Total Reimbursable Therapy Minutes
(RTM)

Number of Therapy Disciplines

Number of Therapy Days

Restorative Nursing (for patients in a
Rehab Low category)

Rehabilitation Plus Extensive

Rehab Plus Extensive

* To Qualify for Low Intensity must meet minute requirement at least 3 days of any combination of therapies and two or more restorative nursing services

Extensive Services/ Treatment Services are:

O0100E2

- Tracheostomy care while a resident

O0100F2

- Ventilator or respirator while a resident

O0100m2

- Infection isolation while a resident

- Ultra High 720 minutes or more

- Very High 500 minutes or more

- High 325 minutes

- Medium 150 minutes or more

- Low 45 minutes or more

Ultra High

ADL

2-10
RUL

11-16
RUX

Very High

ADL

2-10
RVL

11-16
RVX

High

ADL

2-10
RHL

11-16
RHX

Medium

ADL

2-10
RML

11-16
RMX

*Low

ADL

2-16
RLX

In order for a Resident to qualify for the Category I Rehabilitation Plus Extensive Services he/she must meet three requirements: (1) have an ADL score of 2 or more, (2) meet one of the criteria for Extensive Services category, and (3) meet the criteria for one of the Rehabilitation categories

COT OMRA

- ❖ A COT OMRA is required in cases where the therapy received during the COT observation period would cause the patient to be classified into a different RUG category.

But what are the RUG categories?

Ultra High Rehabilitation*

Ultra High Rehabilitation*

Very High Rehabilitation*

High Rehabilitation*

Medium Rehabilitation*

Low Rehabilitation*

Special Care High

Special Care Low

Clinically Complex

Behavioral Symptoms and Cognitive Performance

Reduced Physical Function

***Includes Rehabilitation and Rehabilitation Plus Extensive Services classifications.**

COT OMRA

- ❖ The COT OMRA retroactively establishes a new RUG beginning the day following the ARD of the resident's last PPS assessment until the next scheduled or unscheduled Medicare PPS assessment.

COT OMRA: When is a COT OMRA required?

- ❖ Is the patient receiving skilled therapy services?
 - (1) If NO, then no COT OMRA is required.
 - (2) If YES, determine if the therapy the patient received during the COT observation period is consistent with the patient's current RUG-IV classification?
 - (1) If NO, then a COT OMRA is required.
 - (2) IF YES, then no COT OMRA is required.

COT OMRA

Billing Example Involving COT OMRA

- ❖ A resident's 30-day assessment is performed with an ARD set for Day 30. Based on the 30-day assessment ARD, the therapy services provided to this resident are evaluated on Day 37, but the RUG category remains the same. No COT OMRA is performed on Day 37.
- ❖ When the patient's therapy services are reevaluated on Day 44, a different RUG category results. A COT OMRA must be completed with an ARD set for Day 44 and will change payment starting from Day 38.

COT OMRA

COT OMRA and Index Maximization

- ❖ Index maximization as it relates to the COT: In some situations a resident may simultaneously meet the qualifying criteria for both a therapy and a non-therapy RUG. For some of these cases the RUG-IV per diem payment rate for the non-therapy RUG will be higher; therefore, although the resident is receiving therapy services, the index maximized RUG is a non-therapy RUG.
- ❖ **A facility is required to complete a change of therapy evaluation for all patients receiving any amount of skilled therapy services, including those who have index maximized into a non-therapy RUG group.**

COT OMRA

COT OMRA and Index Maximization

- ❖ A COT OMRA is only required for residents in such cases that the therapy services received during the COT observation period is no longer reflective of the RUG-IV category after considering index maximization. Consider the following two examples:

Resident qualifies for RMC but index maximizes into LE2. During the COT observation period, resident receives only enough therapy to qualify for RLB.

COT OMRA not required because no change the index maximized RUG category

Resident qualifies for RMC but index maximizes into LE2. During the COT observation period, resident receives enough therapy to qualify for RUB.

COT OMRA is required because of change the index maximized RUG category



ARD Worksheet : COT presentation Scenario #1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40										
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95

Annotations:

- PPS 14 Day MDS RVB (points to day 14)
- Day 15 COT window begins (points to day 15)
- COT window ends We provided less than 500 minutes in the COT period (points to day 21)

QUESTIONS:

Resident has a 14 day MDS on day 14 and qualifies as an RVB.

When does the COT window begin?

COT showed RV minutes were not met. What happens?

Scenario 1 Answers

- ❖ Day 15
- ❖ Day 21
- ❖ Payment drops to RH as of day 15
- ❖ Payment effect= RVB=\$432.40 RHB=\$384.69
- ❖ $(\$47.71) \times 16 = \763.26 loss

Transition to FY2012 Billing

- ❖ If the billing period is split between fiscal years, FY11 RUG-IV and FY12 RUG-IV groups will both be needed to establish payment for the entire period.
- ❖ The system will be upgraded on 9/18 to calculate the FY11 RUG-IV and FY12 RUG-IV groups for ARDs from 8/22 through 10/31. The validation reports will reflect both RUG groups.
- ❖ For FY11, the FY12 RUG Group will be shown in Error Message #1059
- ❖ For FY12, the FY11 RUG Group will be shown in Error Message #1060

Question 5: EOT OMRA

- ❖ Mr. E is currently classified into RUG-IV group RHB. He already received therapy Monday through Friday and is not scheduled for weekend therapy. After not receiving therapy Saturday and Sunday, Mr. E. refuses therapy on Monday due to a family visit.
 - **Should the facility complete an EOT OMRA for Mr. E?**
 - A. Yes, he did not receive therapy for three consecutive calendar days.
 - B. No, because it wasn't the facilities' fault he refused on Monday.
 - C. Depends on if the facility is a 5-day or 7-day facility.

Answer 5: EOT OMRA

- ❖ Mr. E is currently classified into RUG-IV group RHB. He already received therapy Monday through Friday and is not scheduled for weekend therapy. After not receiving therapy Saturday and Sunday, Mr. E. refuses therapy on Monday due to a family visit.
 - **Should the facility complete an EOT OMRA for Mr. E?**
 - A. Yes, he did not receive therapy for three consecutive calendar days.

Question 6: COT OMRA

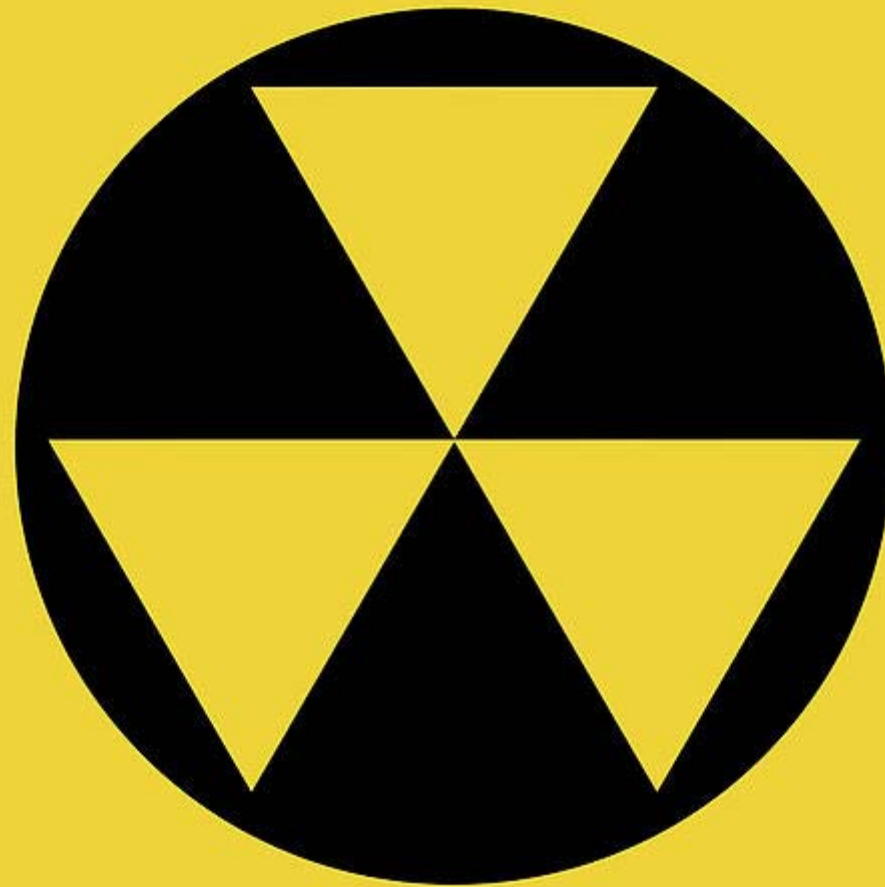
- ❖ Mr. T receives enough skilled therapy services to qualify for RHC but, due to his medical condition, he index maximizes into group HE2.
 - **Is the facility required to evaluate whether a COT OMRA is necessary?**
 - A. No; Mr. T is being billed at a non-therapy RUG, so a COT OMRA would not be required.
 - B. Yes; an evaluation of whether or not a COT OMRA is required for all patients receiving therapy services, even if they index maximize into a non-therapy RUG.
 - C. The SNF should ask Mr. T if he wants the facility to perform the evaluation.

Answer 6: COT OMRA

- ❖ Mr. T receives enough skilled therapy services to qualify for RHC but, due to his medical condition, he index maximizes into group HE2.
 - **Is the facility required to evaluate whether a COT OMRA is necessary?**
 - B. Yes; an evaluation of whether or not a COT OMRA is required for all patients receiving therapy services, even if they index maximize into a non-therapy

RUG
Recalibrations

MDS Assessment
Schedule
Changes



Change of
Therapy
COT OMRA

Group Therapy
Student
Supervision Rule
Changes

End Of Therapy
Resumption
EOT-R

**FINAL RULE
FALLOUT SHELTER**

Partial List FY2012 Urban RUG-IV Levels by Rate with FY2011 Rates for Comparison

(Order of list varies slightly for Rural Rate)

RUG-IV Level	FY2012	FY2011
RUX	\$737.08	\$869.42
RUL	\$721.01	\$847.33
ES3	\$672.93	\$661.20
RVX	\$656.06	\$786.66
RHX	\$594.39	\$722.91
RVL	\$588.60	\$698.28
RUC	\$558.79	\$634.27
RUB	\$558.79	\$634.27

**Partial List FY2012 Urban RUG-IV Levels by Rate with FY2011 Rates for
Comparison (continued)**
(Order of list varies slightly for Rural Rate)

RUG-IV Level	FY2012	FY2011
RMX	\$545.24	\$668.30
RHL	\$530.14	\$637.69
ES2	\$526.77	\$517.58
RML	\$500.27	\$611.49
RVC	\$479.38	\$551.51
RLX	\$478.85	\$593.60
ES1	\$470.55	\$462.34
RUA	\$467.23	\$512.75
HE2	\$454.49	\$446.56
HD2	\$425.57	\$418.15
RHC	\$417.71	\$487.76
RVB	\$415.13	\$467.86

Additional Training Resources

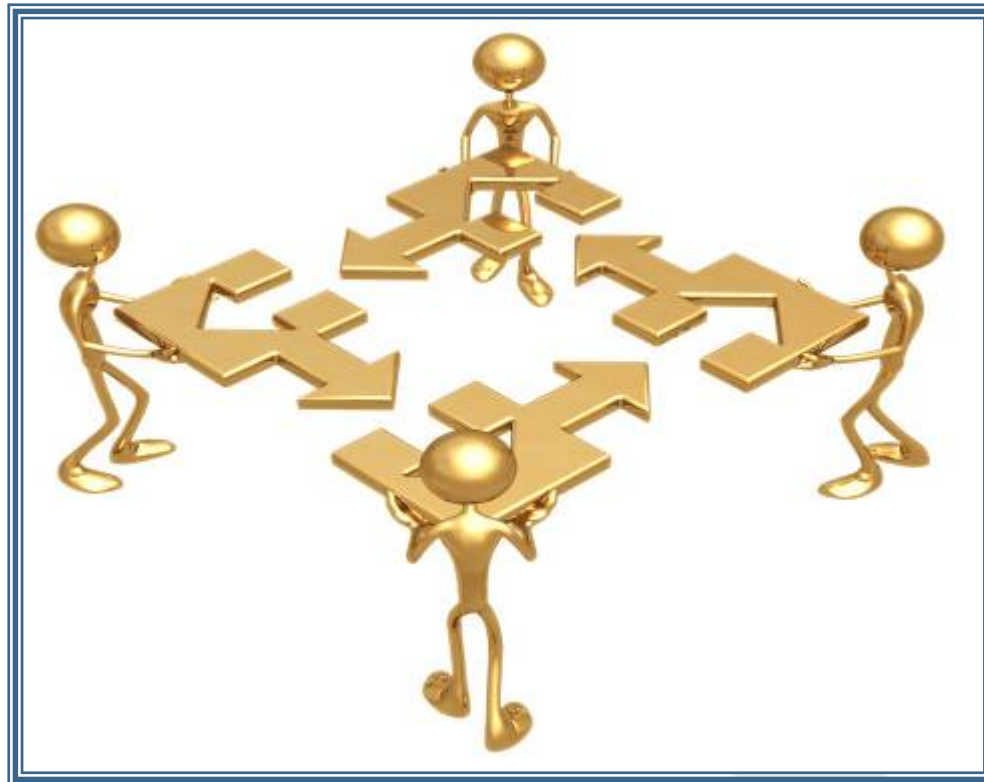
- ❖ SNF/LTC ODF: September 1, 2011
(www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp)
- ❖ MDS 3.0 Website
(www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)
- ❖ QTSO website (www.qtso.com)
- ❖ SNF PPS Website
(www.cms.gov/SNFPPTS/03_RUGIVEdu12.asp#TopOfPage)

The SunDance/SunSolutions Difference

Linking People ∞ Product ∞ Performance ∞ Partnership

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*“Consulting
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Care”*



Change is the law of life. And those who look only to the past or present are certain to miss the future. ~ [John Fitzgerald Kennedy](#)