

## MDS Alert

### QUALITY OF CARE: 5 Tips Ensure Your Restorative Program Meets RAI Manual Requirements

If you want to get paid, follow these key strategies.

Providing restorative is one thing, but you have to follow the RAI User's Manual requirements for the restorative program to take credit for it in Section P3. Here's how to keep restorative coding on the up and up -- and add even more value to this already invaluable service.

1. Meet the basic requirements. "To count restorative for Medicare or Medicaid case-mix, it has to help the resident maintain or attain functioning," advises **Diane Atchinson, RNC, MSN, ANP**, president of DPA Associates Inc. in Kansas City, Mo. "And you have to provide two separate programs a minimum of six days a week [each] for 15 minutes."

**Avoid this common mix-up:** Don't code range-of-motion programs under "other." "Many programs fit under active range motion" at P3b, advises **Rita Roedel, RN**, national director of clinical reimbursement for Extencare Health Services in Milwaukee. Examples include walking or wheelchair mobility programs. Roedel, however, sees facilities code those types of programs under "other" in P3, which is where you capture diabetic teaching, ostomy teaching and medication teaching. "The RUG system for Medicare and Medicaid does not consider those activities to be restorative nursing."

2. State smaller, measurable goals that get you to a bigger goal. That way you will not only help the resident achieve a longer-term goal but also be able to show that he's making progress. Suppose a resident says she'd like to be able to put on her upper body clothes in 15 minutes. If she can't lift her arm over her head, however, you might first do a ROM program with the goal of having the resident consistently raise her hand over her head x times while brushing her hair, advises **Cheryl Field, RN, MSN, CRRN**, senior healthcare specialist with PointRight Inc. in Lexington, Mass. "Do this for a month and then incorporate the dressing goal. The person might also play Bingo with weights on her wrists which is a great upper body strengthening activity."

3. Document the licensed nurse's periodic review of the resident's restorative program. Using the example above, says Field, the nurse might evaluate and document how "after a month of a ROM restorative program, the resident is ready to take the ROM into the dressing environment because she has achieved improved ROM and has more strength. So instead of picking up an empty arm over her head, she's going to pick up her arm and put it in the sleeve of a sweater as someone holds the sweater" for her.

4. Know the ropes for counting group restorative activities. "To count as restorative on the MDS, groups cannot have more than four residents per staff member or volunteer," Roedel reminds. "Yet, you could have 12 residents on restorative supervised by three staff members" in an exercise group, for example. "Then have one extra person who works with 50 more people for whom you aren't going to count as receiving restorative. I never say someone can't come to the exercise group because they aren't on restorative," Roedel explains.

Remember: Each person on restorative in the group should have a specific restorative care plan with measurable goals.

5. Provide and document training. "If you use volunteers, activities staff, or CNAs to provide restorative, you need to have documentation showing you trained them" how to deliver restorative properly to promote resident independence, advises **Marilyn Mines, RN, RAC-CT, BC**, manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill.

Tip: "Exercise programs are a wonderful way to involve volunteers, as the volunteers aren't doing hands-on activities," observes Roedel. Most states allow volunteers at the facility to help with restorative, she notes. But Roedel advises

against having volunteers run the whole group.

**Also:** Providing volunteers information about group dynamics and motivation would help them with restorative and in their interactions with residents overall, Roedel adds.

Documentation tip: "When providing and capturing restorative for a Medicaid patient, you have to realize that each state can create its own documentation requirements for restorative," says Mines.