

MDS Alert

Reimbursement: Refurbish Your Bottom Line--Incorporate Activities In Restorative Nursing

Check out this win-win' approach for your residents and facility.

Providing activities can pay--literally--if you incorporate some of them in your resident's restorative nursing program. Medicare pays for restorative nursing through rehab low, rehab low plus extensive services and for the lower 18 RUGs, says **Patricia Boyer, RN, NHA**, president of **Boyer and Associates** in Brookfield, WI. Restorative is also reimbursed in case-mix Medicaid states, so providing it is "a big deal," she adds. Facilities that have a "fully integrated restorative program" have every discipline, including activities, participate in restorative, says Boyer.

The goal: "You want to provide activities that are best for an individual person, and restorative is a great mechanism for doing that," Boyer notes.

For example, the activities staff can provide grooming programs, such as Monday morning makeovers that focus on hair and nail care or shaving to promote residents' ability to do their hygiene care and improve their range of motion and self-esteem. Other options for activities that can count as restorative include:

- "Let's vent" programs to assist people dependent on ventilators to communicate.
- "Walk and dine" programs that focus on ambulation and self-feeding and other dining skills.
- Exercise programs. In addition to improving range of motion, the programs can include strength training to improve lower extremity strength and balance, says Boyer.

Fall-proof residents: Structured exercise programs designed to improve residents' balance, endurance and muscle strength can go a long way toward reducing falls, according to **Larry Carlson**, executive director of Addolorata Villa in Wheeling, IL, in a presentation at the recent annual American Association of Homes & Services for the Aging conference in San Antonio.

Do What It Takes to Get Credit

Providing restorative is one thing, but taking credit for it on the MDS is another. You can only code restorative interventions at P3 if the restorative program meets the RAI manual requirements. For example, "the restorative plan must be goal-directed and individualized--and a licensed nurse has to oversee the program," says Boyer. (Review the requirements on p. 3-182 of the RAI manual.)

"Volunteers can help out with an activity that counts as restorative if the volunteers have been trained in restorative," Boyer says. "Rehab aides can help with the restorative program but it has to be overseen by a nurse rather than a rehab therapist."

Activity staff and volunteers can be helpful with active range of motion programs and walking, adds **Marilyn Mines, RN, BC**, director of clinical services at **FR&R Healthcare Consulting** in Deerfield, IL. "For example, gardening activities like cultivating and raking are great upper- extremity active range of motion activities," she adds.

You can't count activities at P3 when provided in groups with more than four residents per supervising helper or caregiver.

Tip: Check with your state to see if activities staff who aren't certified CNAs can "touch" the resident, advises Mines. If not, the activities staff should not physically assist residents with stretching during range-of-motion exercises, as an example, she says. But "even [states] that do not permit touching will allow activity staff to help with make up and hair care activities," adds Mines.