

Medicaid Reimbursement Clarification for Nursing Rehabilitation/Restorative Care Effective July 1, 2004

Nursing rehabilitation/restorative care is defined by the Centers for Medicare & Medicaid Services (CMS), as nursing interventions, including maintenance programs, that assist or promote the resident's ability to attain his or her maximum functional potential. CMS established required criteria for restorative care programs in the Revised Long-Term Care Resident Assessment Instrument (RAI) User's Manual, April 2004, page 3-192. Do not include routine nursing care when coding restorative care. Item P3 in the Minimum Data Set (MDS) 2.0 is coded when there is an individualized program in place for a resident based on his or her assessed needs. Facility staff should look at restorative care from more than just a case mix (reimbursement) perspective. The restorative care program should be resident centered. For example, if a resident can benefit by interventions 3 days a week, they should be provided. It is not necessary to wait until a resident needs a program 6 or 7 days a week in order to provide restorative care. On the other hand, coding item P3 to increase a resident's case mix classification when the program does not meet the intent of restorative care, or benefit the resident, is inappropriate.

Minimum standards for purposes of Medicaid reimbursement are discussed in this update; however, good clinical practice may dictate higher standards in some areas. The resident's assessment must establish a baseline (or identify a deficit and establish a need) for the restorative program. The RAI Manual, page 3-192, states that the assessment must be done by a licensed nurse; however, in Ohio only the RN's scope of practice includes analysis. The Ohio Administrative Code (OAC) 4723-4-07 and OAC 4723-4-08 delineate standards for implementing the nursing process as a registered nurse (RN) and licensed practical nurse (LPN), respectively. Per the referenced RN rule, the RN shall conduct and document a nursing assessment; analyze the assessment data; develop, maintain, or modify the nursing component of the plan of care; and reassess the resident's status, nursing component of the plan of care, and make changes in nursing interventions. Per the referenced LPN rule, the LPN shall "contribute" observations to the nursing assessment; and "contribute to" the development of the nursing part of the resident's plan of care, the evaluation of the resident's response to nursing interventions, and to the revision of the nursing part of the resident's plan of care.

The resident's plan of care should include specific interventions and approaches, establish measurable restorative goals that include frequency and duration, and are related to the resident's deficit. Restorative goals should delineate the desired outcome(s) for each restorative program. The RAI Manual, page 3-192, states that restorative care must show "Evidence of periodic evaluation by licensed nurse must be present in the clinical record."; however, in Ohio the RN shall analyze the available data for this evaluation to which the LPN may contribute. The RAI Manual, page 3-194, states "If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the record." A restorative care program may be implemented as an adjunct program to therapy but not duplicating the exact program in therapy. When the resident is discharged from the therapist's care and picked up by the restorative program, the RN may incorporate the recommendations of the therapist into the plan of care for the restorative nursing care program(s). The RN should review these recommendations, make an assessment, and develop the restorative program. In Ohio, a facility case mix score (which is a facility average of all resident case mix scores on the last date of a quarter) is calculated quarterly. CMS requires quarterly assessments to track a resident's status between comprehensive assessments (RAI Manual, pages 2-15 and 2-16). Therefore, ODJFS is interpreting "periodically" to mean quarterly. The RN should document the results of the RN's analysis of the resident's restorative care program(s), including the resident's response to the program in terms of the restorative care program's goals and objectives, at least quarterly (every three months). The RN's quarterly note may be written anytime during the reporting

quarter although it is most appropriately written in association with the quarterly MDS assessment.

Service delivery must document specific activity, frequency (number of days), duration (number of minutes), and service provider. Groups with 1- 4 residents per supervising helper or caregiver must be clearly identified as group sessions, the number of residents in the group and the amount of time spent in each session documented, and the duration minutes divided between group participants. Services must be delivered for at least 15 minutes per day (although they do not have to occur in a continuous block of time) in order to code this item on the MDS 2.0.

The practice of the RN merely co-signing notes written by a LPN, STNA, or the therapist's evaluation is not an acceptable standard of practice. Co-signing any type of documentation will no longer be accepted by the Ohio Department of Job and Family Services (ODJFS) effective July 1, 2004.

ODJFS, Case Mix Section
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