

EnerG® by Aegis Restorative Care Program – How It Works

The Time is Right

With the onset of PDPM and increased focus on Value-Based Purchasing (VBP), restorative nursing services will prove to be more critical than ever. Aegis is able to provide an end-to-end solution – from needs identification to MDS input – and assist our customers in **staffing, clinical delivery, quality measures, CMI opportunity and PDPM impact.**

Delivery Model

In order to impact CMI, three main components must be complete:

1 Restorative delivery must be in at least two of the following categories:

- Urinary/Bowel Toileting Program
- Bed Mobility and/or Walking
- Amputation/Prosthesis Care
- Eating and/or Swallowing
- Active and/or Passive Range of Motion (ROM)
- Transfer Training
- Dressing and/or Grooming
- Communication Training

2 It must be delivered in at least the following increments:

- 15 minutes each
- 6 days per week
- 4:1 ratio or less

3 Key components of the documentation must include:

- Establishment of restorative plan of care
- Daily minute documentation in plan of care (POC)
- Monthly note by the Restorative Nurse Manager
- Completion of Section H (Urinary/Bowel Training) and Section O

O0500. Restorative Nursing Programs	
Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if non or less than 15 minutes daily)	
Number of Days	Technique
<input type="checkbox"/>	A. Range of motion (passive)
<input type="checkbox"/>	B. Range of motion (active)
<input type="checkbox"/>	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
<input type="checkbox"/>	D. Bed mobility
<input type="checkbox"/>	E. Transfer
<input type="checkbox"/>	F. Walking
<input type="checkbox"/>	G. Dressing and/or grooming
<input type="checkbox"/>	H. Eating and/or swallowing
<input type="checkbox"/>	I. Amputation/prostheses care
<input type="checkbox"/>	J. Communication

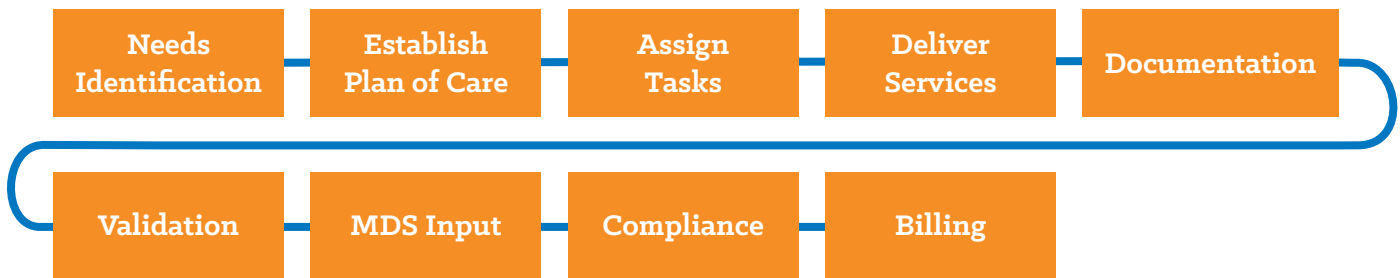
Staff

In our service delivery model, Aegis hires and employs the restorative staff, provides comprehensive training and ensures effective execution of all aspects of the program.* Per CMS guidance, there must be a nursing supervisor on record who is a facility employee.

Additionally, Resident Assessment Instrument (RAI) guidelines stipulate that the restorative aide(s) must be a Certified Nursing Assistant (CNA) to perform ROM and splint care. Where this is needed, Aegis will facilitate the certification process.

Communication Flow

Under PDPM there will be a heightened need for increased awareness and communication between the entire interdisciplinary team. A clear flow of information must be delivered and monitored during the look back period and on an ongoing basis to ensure accountability for all aspects of restorative care delivery.



The following table further illustrates the flow of information for three sample residents:

Resident Name	Payor	ARD	Look Back Start	Look Back Finish	Category 1	Category 2	Group, 1:1 or Both	Resident POC	MDS	Plan / Notes
Resident A	Caid	23-Jul	17-Jul	23-Jul	DG	BW	1	X	X	PT DC 6/28, rest. to cont.
Resident B	Caid	24-Jul	18-Jul	24-Jul	ROM	T	B	X	X	Med B / Res. struggles with lifting legs, screen
Resident C	Caid	2-Aug	27-Jul	2-Aug	ROM	BW	G	X	X	Current A Pt. rep. walking, recumbent stepper needed

Nursing CMI Impact by Restorative Levels

In this new regulatory and reimbursement environment there is a greater platform for the provision of restorative services. The following charts represent the opportunity for restorative services in a PDPM environment as well as the potential case mix impact within the specific categories. It shows the variance in weights when restorative is provided and when it is not. That variance is 5% -10% depending on the category.

Determinants of Payment in PDPM				
PT	OT	SLP	Nursing	NTA
<ul style="list-style-type: none"> Primary reason for SNF care Functional status 	<ul style="list-style-type: none"> Primary reason for SNF care Functional status 	<ul style="list-style-type: none"> Primary reason for SNF care Cognitive status Presence of swallowing disorder or mechanically altered diet Other SLP-related comorbidities 	<ul style="list-style-type: none"> Clinical information from SNF stay Functional status Extensive services received Presence of depression Restorative nursing services received 	<ul style="list-style-type: none"> Comorbidities present Extensive services received

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	# of Restorative Nursing Services	GG-Based Function Score	PDPM Nursing Case-Mix Group	Nursing Case-Mix Index
BB1/BA1	–	Behavioral or cognitive symptoms	–	0-1	11-16	BAB1	0.99
BB2/BA2	–	Behavioral or cognitive symptoms	–	2 or more	11-16	BAB2	1.04
PE1/PD1	–	Assistance with daily living and general supervision	–	0-1	0-5	PDE1	1.47
PE2/PD2	–	Assistance with daily living and general supervision	–	2 or more	0-5	PDE2	1.57
PC1/PB1	–	Assistance with daily living and general supervision	–	0-1	6-14	PBC1	1.13
PC2/PB2	–	Assistance with daily living and general supervision	–	2 or more	6-14	PBC2	1.21
PA1	–	Assistance with daily living and general supervision	–	0-1	15-16	PA1	0.66
PA2	–	Assistance with daily living and general supervision	–	2 or more	15-16	PA2	0.70

