Medicaid Audits
Restorative Documentation

The Illinois Department of Healthcare and Family Services (HFS) has completed test audits throughout the state for Medicaid reimbursement. Much information about what was found has been reported to the three associations. See This Week’s newsletters for the remainder of August starting next week, August 17, for the implications of an HFS Medicaid MDS audit. In the meantime, the Council’s two nursing newsletters will review specific areas of audit findings in the coming weeks.

One of the primary target areas for HFS audits will be the restorative programs. Restorative nursing, according to the Resident Assessment Instrument (RAI) Manual, is Nursing interventions that:

- Promote resident’s ability to adapt and adjust to living as independently and safely as possible;
- Focus on achieving and maintaining optimal physical, mental and psychosocial functioning;
- Improve or maintain function in physical abilities and ADLs; and
- Prevent further impairment.

According to the RAI Manual, a program meets the definition of a restorative program if the following requirements are met:

- Under nursing supervision – No physician order is needed.
  
  **Audit Problem:** Not clear if the program was written and supervised by a licensed nurse. This is not a PT/OT program. The therapists may help educate and have input into possible goals and interventions, but they are not supposed to be writing the program alone or be in charge of it. HFS staff sometimes found it difficult to determine who was supervising the program.

- Addressed in the plan of care and clinical record with measurable objectives and interventions – Goals must be resident-specific. Goals are more measurable when activities are broken down into tasks. Several residents may be involved in the same activity, but each may have a different level of participation and, therefore, a different goal based on the tasks they can accomplish.

  **Audit Problem:** HFS staff often found programs coded but no need documented for the programs or resident deficit. The medical record must show the need for this program. If the program is for maintenance, show the need for maintenance in the clinical record. Using the ADL sub-tasks during the ADL assessment will help identify ADL sub-tasks where assistance is needed. These needs can then be developed into a resident-specific restorative program. Some facilities had the same care plan for a group of residents. The only thing different was the name on the care plan. The restorative programs must be individualized for the resident. These are resident-specific programs based on individual resident deficits and should contain different goals. The RAI Manual has a Functional Rehabilitation Potential supplement (pages C-25, 26) that can also help determine sub-tasks where assistance is needed. The following rehabilitation goals from the RAI Manual can fit very easily into a restorative program. Think about what you are trying to accomplish with the resident’s restorative programs and combine with the sub-task needs for your individual goal.

  o  Restore function to maximum self-sufficiency in an area
  o  Replace hands-on assistance with task segmentation and verbal cueing
  o  Restore abilities to a level that allows the resident to function with fewer supports
  o  Shorten the time required for providing assistance
  o  Avoid or delay additional loss of independence
  o  Support the resident who is certain to decline in order to lessen complications
Evidence of periodic evaluation by a licensed nurse in the clinical record – The RAI does not specify how this documentation is to take place. It can be facility defined. HFS code states quarterly evaluation.

Audit Problem: HFS staff found that programs were not revised or updated. If a program is for maintenance, updates still have to be done. If the resident can accomplish a certain degree of exercise, try increasing repetitions. HFS staff also found that many programs were only “assist with ADLs.” The program should be more specific. Using the ADL sub-task as an assessment guide will help determine resident-specific ADL needs.

Each restorative nursing service is delivered in greater, than or equal to, 15 minutes in a 24 hour period – This will require individual entry of times but documentation can be facility defined.

Audit Problem: Minutes were not documented during the look-back period. If they are not documented, the program will be denied. Some facilities threw away past documentation. The minutes do not have to be all in one time frame. Restorative programs are done throughout the day. A walking program that has a resident walking to and from the dining room three times a day will show three 5-minute or more entries. Make sure staff is entering the time. This documentation is required to prove that the program takes at least 15 minutes.

Exercise groups with more than four residents per supervising helper or caregiver are not included – The Medicaid system follows the guidelines in the RAI Manual. Remember that exercise groups, according to the RAI, cannot have more than four residents.

Nurse assistants/aides must be trained in the techniques that promote resident involvement in the activity. Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents – These techniques can involve repetition, physical or verbal cueing.

Audit Problem: HFS staff often found that the nursing staff who carry out the program had no idea there was a program. Facilities need to show that staff or volunteers have been educated on the program and know what they are supposed to do. Documentation of staff training must be available during the audit. Facility staff also told HFS staff that they completed the restorative program, “when they had time.” The program needs to be done on the days required. If there is no proof the program is being completed, it will be denied.

Other HFS Requirements for Restorative Programs

Written justification that supports the program is ongoing – Although the minutes only have to be documented during the look-back period, there must be documentation showing that the program does take place on the days specified. The form of documentation is not specified in the regulations, but it must be present in the clinical record.

Endurance assessment completed quarterly for residents in two or more restorative programs – The department-designed Endurance Assessment must be completed and in the clinical record for all residents who are in two or more restoratives. This is a department required assessment and MUST be completed.

Other RAI requirements for the restoratives. Following are specific directions worth noting from the RAI Manual:

- Range of Motion – “Helping a resident get dressed does not, in and of itself, constitute a range of motion exercise program. These exercises must be planned, scheduled and documented in the clinical record.”
- Bed Mobility – “Moving to and from a lying position, turning side to side, and positioning him or herself in bed.”
- Walking and Transfer – These are done, “either with or without assistive devices.”

It is important to review the RAI definitions for all the restoratives.

Importance of Resident Participation. The resident should be aware they are involved in a restorative program. They should be aware that they are working on restorative goals during a specific time frame and know the goals they’re trying to achieve.

Audit problem: Residents told HFS staff that they had no idea they were in a restorative. They denied working with staff on specific goals. Make sure everyone is on board with these programs. Staff and residents must both be saying the same thing. The best documentation must also be supported by evidence of programs taking place. Although the audit team may be looking at documentation from months ago, the evidence of current restorative care in the facility at the time of the audit will support the validity of that past documentation.