

**No matter what the changes, "... the Legacy team will continue to prepare our clinicians and customers..."**

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## In The News

*“Change is inevitable.”  
“Some things never change.”*

One of these adages rings true dependent upon your treatment setting.

For those of you serving the senior population in Skilled Nursing Facilities, October 1<sup>st</sup> marked the day the new Minimum Data Set (MDS) 3.0 and the Resource Utilization Group – Version Four (RUG- IV) went into effect. CMS designed MDS 3.0 to improve upon the reliability, accuracy, and usefulness of MDS 2.0, which was first introduced in 1987. These government regulated revisions include changes to required and scripted patient interviews, updated ADL definitions, new and/or changed assessments, new therapy minute definitions, changes to the allocation of concurrent therapy minutes, and elimination of Section T, which had enabled therapy minutes projections. These changes represent more than just a slight revision to a familiar process; for all intents and purposes it is a brand

new process. RUG-IV expands the number of classifications from 53 to 66 and dramatically modifies the Rehab + Extensive Service categories.

For those treating clients in the outpatient/rehab agency setting we are once again facing a New Year which, without congressional action, will bring with it caps on therapy services provided to Medicare Part B beneficiaries. The prospect of beginning 2011 without resolution to this recurring issue is painful as we once again consider the potential harmful effect this will have on those patients and residents with outpatient therapy needs.

Whether you are adjusting to major changes or preparing yourself for the repeat of what’s become an annual obstacle to therapy care access, the Legacy team will continue to prepare our clinicians and customers through technology, creativity and a commitment to therapy excellence.

*Sandy Hoskins, President*

### **Living Legacy — Our Mission, Vision and Values in Action**

#### **Excellence Award Winners Announced !**

The latest winners of Legacy’s Award of Excellence are **Marissa Cole** and **Brooke Rose**. Marissa earned the Award for the January—March quarter. Brooke’s Award is for the April—June quarter.

Marissa is a physical therapist and the Rehab Director at Highland House Rehabilitation and Healthcare in Fayetteville, NC. She was nominated by her Area

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## Tips for Conquering MDS 3.0 and RUG-IV

It happened. October 1 arrived and along with it, the MDS 3.0 and RUG-IV PPS. You've gotten through the first few weeks; the transition assessments are completed. Now what? Here are some tips to help your facility fare well under these changes.

- **Learn from early mistakes**. You, like everyone else getting acquainted with MDS 3.0, almost certainly had experiences in which you just weren't sure how to code an item, couldn't decide on the best assessment reference date, or realized (after the fact) that an item on the MDS should have been coded differently. While these missteps can be frustrating and even costly, don't ignore them. Take the opportunity to improve everyone's understanding of the process by openly discussing the issues and finding ways to prevent a repeat occurrence.
- **Continue training**. Take a few minutes in your morning stand-up meeting or department staff meetings to ensure that everyone understands the changes. Allow staff time to practice patient interview techniques. Make sure therapy staff understand how to correctly allocate treatment minutes.
- **Master Section G**. Make sure staff understand and are using correct coding practices for Activities of Daily Living (ADL). Reviewing a single resident's MDS can identify coding errors that may be occurring for other residents as well.
- **Use available resources**. Designate staff members other than the MDS Coordinator to contribute to the completion of the MDS. With the right communication tools and training any staff member can assist in gathering data.
- **Know where to find the answers**. You may not know all the answers, but knowing where to quickly find them is just as effective. Visit

the CMS website to find links to the MDS 3.0 RAI Manual and other training materials and information. The following web page is a good starting point: [www.cms.gov/SNFPPS](http://www.cms.gov/SNFPPS). Your Legacy Rehab Director can also assist you in finding information you need.

### ADL Scoring Changes Under MDS 3.0

ADL coding and the methodology for the ADL index scoring have changed under MDS 3.0. A full understanding of definitions and guidelines is essential to accurate scoring and reimbursement.

Code Self-Performance before Support. Do not include setup in assigning a Self-Performance code. The MDS 3.0 RAI Manual directs those completing the assessment to code for setup help *"if resident is provided with materials or devices necessary to perform the ADL independently. This can include giving or holding out an item that the resident takes from the caregiver."*

Below are specific examples of setup for the four ADL tasks included in the ADL index score.

**Bed Mobility**: handing the resident the trapeze bar, raising the side rails.

**Eating**: opening containers, cutting meat, handing the resident one food at a time, placing items within reach.

**Toileting**: handing the resident a bedpan or urinal, placing ostomy supplies within reach.

**Transfers**: providing the resident with a transfer board, locking the brakes on a wheelchair for safety, positioning the wheelchair next to transfer target (bed, standard chair, toilet).

Chapter 3, Section G of the MDS 3.0 RAI Manual offers numerous ADL coding examples. It can be accessed from the CMS website ([www.cms.gov](http://www.cms.gov)).

## Clinical Highlights

Last Spring, Legacy announced its new clinical ladder. Since that time, Area Rehab Clinical Specialists have nominated over a dozen therapists for the designation of Clinical Program Lead.

The **Clinical Program Lead (CPL)** designation is bestowed on those therapists who demonstrate a dedication to clinical program growth. The designation provides a means for therapists to earn additional recognition for their contributions to clinical program growth and offers an opportunity to realize additional compensation while remaining in a treating therapist position.

There are three levels or tiers in Legacy’s clinical ladder. The Tier One CPL must demonstrate leadership in the consistent use of clinical programming in his/her own therapy treatments. This includes gathering, documenting, and reporting clinical outcome measures.

***The role of the Clinical Program Lead is about more than gathering outcome data...it’s about ensuring we’re delivering evidence-based therapeutic interventions consistently.***

At Tier Two, the CPL is the person responsible for generating and submitting outcome measures. He or she promotes the program facility-wide, acts as a resource to fellow therapists, and assists the ARCS in coordinating education and training.

The final Tier Three level is reserved for those therapists who are proactive in program promotion. The Tier Three CPL participates in area- and company-wide training in the program area, contributes to Legacy’s LifeQUEST lecture series, and is charged with ensuring that his/her home site uses state and national prevalence data as benchmarks for caseload development.

Our first Clinical Program Lead designee was

Jennifer Pridgen, PTA at The Fountains at The Albemarle in North Carolina. Jennifer’s program focus is Pulmonary Therapy. She has assisted in company-wide training, is the driving force behind the consistent Pulmonary Therapy programming at The Fountains, and was instrumental in establishing a support group for residents with chronic pulmonary conditions. Most importantly, Jennifer applies the evidence-based principles of the program in her patient treatments.

Current Clinical Program Leads are listed below.

Anju Behal, OTR Illinois	Glen Ellyn	Dementia
Karen Bren, OTR Colorado	Greeley Place	Continence, Dementia
Eric Brooks, PT North Carolina	Woodland Terrace	Pulmonary
Jen Davis, PTA Colorado	Meadowview	Safety in Motion
Michelle Ewing, COTA Indiana	GreenTree Westwood, Keepsake Village	Continence, Dementia
Barbara Hoopes, SLP South Carolina	Brighton Gardens Greenville	Dementia
Deb Marshall, PT North Carolina	Bermuda Village	Safety in Motion
Jennifer Pridgen, PTA North Carolina	The Fountains at The Albemarle	Pulmonary
Audra Ray, OTR North Carolina	Universal Healthcare Lillington	Wound Care

<b>Legacy Clinical Programs</b>	
ADL	Safety in Motion
Continence Management	Strength Training
Dementia Management	Wound Care
Low Vision	Seating & Positioning

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## Living Legacy — Our Mission, Vision and Values in Action

### Marissa Cole, Brooke Rose - Recipients of Legacy Award of Excellence

Rehab Manager, Alisa Dunn. In addition to Marissa's leadership skills, she demonstrates clinical excellence and is supportive of program development. Her staff attribute their sense of acceptance and being respected to Marissa's habit of listening to their input. It's not surprising then, that Dunn describes Marissa in this way, "Marissa has a quality about her that people are drawn to – she is honest, hard-working, thoughtful, compassionate, and a skilled clinician and manager."

Brooke is a PTA and the Rehab Director at Pennybyrn at Maryfield in High Point, NC. Adrienne Schultze, Area Rehab Manager, nominated Brooke for the Award citing Brooke's interpersonal and communication skills as attributes that make her an effective leader and manager.

Vonda Hollingsworth, Pennybyrn's administrator, states that Brooke has "really united therapy goals

with Pennybyrn goals beautifully." Hollingsworth notes Brooke's role in what resulted in a three-part article in the local newspaper that "gave us and our therapy program incredible positive exposure."

Each of these Rehab Directors and their staff are excellent examples of how focusing on the clinical needs of their facility's residents leads to positive outcomes across the board.

Congratulations and job well done to Marissa Cole and Brooke Rose!

### New Area Rehab Clinical Specialists

Karen LaBarbara, OTR and Certified Driver Rehab Specialist joined Legacy in July as the ARCS for the Chicago area.

Theresa Nalty, PT, PhD became the ARCS for the Houston and Beaumont areas in September.

