The Rehabilitation Evolution

Driving Outcomes, Quality, and Clinical Reimbursement Through Integrated Care

Presented by:

Kristi Smith, MSPT, RAC-CT

Robin Sweeney, RNDNS-CT, RAC-CT, RAC-CTA, QCP, LNC

Celtic CONSULTING

Celtic
CONSULTING

Post-Acute Care Advisors of Clinical Operations and Regulatory Compliance

Post-Acute Care Operations

- ✓ Reimbursement & Regulatory Advisory Services
- ✓ PDPM/MDS/CMI Expertise

Quality Improvement

- ✓ 5-Star Rating/Quality Improvement Strategies
- ✓ Payroll Based Journal Reporting Guidance

Provider Litigation Support for Post-Acute Care

- ✓ Independent Review Organization (IRO)
- ✓ Mergers and Acquisitions Due Diligence

Compliance Solutions

- ✓ Medicare Compliance Auditing

Clinical Care Management

- ✓ Survey Preparedness
- ✓ Infection Prevention Protocols

Medical Coding and Billing

860-321-7413 | consultant@celticconsulting.org | www.celticconsulting.org

MDSRescue

RESCUE YOUR REVENUE AND IMPROVE ACCURACY

MDSRescue steps in remotely for facilities anywhere in the country. Subject matter experts ensure assessment completion conforms to regulations, is accurate and timely, which improves 5-Star ratings. MDSRescue alleviates the financial burdens of traditional hiring process, and reports MDS hours for Payroll-Based Journals when applicable.

REMOTE PRN SERVICE

- Flexible coverage
- Support during rise in caseload, staff vacations
- Avoid traditional hiring costs

SKILLED STAFF

- High level, qualified staff, many RAC-Certified nurses
- Continually educated to attain the most up-to-date information

REVENUE INTEGRITY

- Maintaining quality documents supports compliance, contributing to peace of mind and payment retention

www.mdsrescue.com

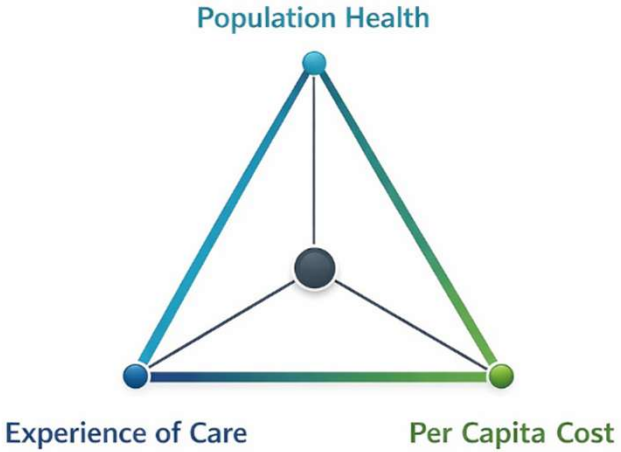
Objectives

- **Describe** how the evolving role of the rehab department impacts clinical outcomes, organizational performance, and clinical reimbursement.
- **Identify** key CMS measures within the Five-Star Rating, the Quality Reporting Program (QRP), and Value-Based Purchasing (VBP) that are influenced by rehab assessment, intervention, and documentation.
- **Recognize** opportunities for rehab clinicians to support restorative nursing, wellness, and activities programming through interdisciplinary collaboration.
- **Apply** practical strategies to integrate rehab into care planning, interdisciplinary workflows, and organizational initiatives.
- **Evaluate** case study examples demonstrating how integrated rehab approaches translate into measurable clinical and financial ROI for organizations.

Celtic CONSULTING

The Shift from Volume to Value Continues

- Medicare A: RUGS → PDPM
- CMI: Traditional Models (Rehab-driven under prior RUGS systems) → PDPM
- Value Based Purchasing (VBP): Expanded measures to include LS QMs; increased audit activity alongside QRP
- Quality Reporting Program (QRP): Increased scrutiny with Validation audits



CMS' Triple AIM – The Guiding Principle

Celtic CONSULTING

Know your 'Audience' – Expectations on the Rise

- **Today's Consumer**
  - Savvier families
  - Managed Care-driven short LOS
  - Expectations of hospitality + outcomes
- **White-Glove Rehab Care**
  - Every interaction matters
  - Purposeful sessions, not "check-the-box" minutes
  - Education, empowerment, dignity
- **Preventing Institutionalization**
  - Avoid learned dependence
  - Encourage autonomy early
  - Language matters: "What *can* you do today?"

Celtic CONSULTING

It takes a Village – But, Today, Lets Talk *Rehab*!

- Not measuring minutes anymore!
- CMS is measuring OUTCOMES
- Function & Discharge Performance are leading quality indicators
- Less minutes = Need to be more **methodical**
- Post-PDPM, therapy sessions are often shorter and more targeted, frequently averaging ~30–40 minutes per discipline when delivered

Celtic CONSULTING

Traditional Models Fall Short

- Rehab's role has evolved beyond minutes, utilization, and "therapy days"
- CMS quality programs and consumer expectations have *forced* integration
- Managed Care scrutiny and expectations feel unreasonable at times
- The opportunity: **rehab as a force multiplier for nursing, quality, and outcomes**
- In order to accomplish this, therapists must work at the **top of their license**

Its QUALITY over QUANTITY: It is not about doing MORE therapy, it's about doing it more effectively and making every minute with the patient count.

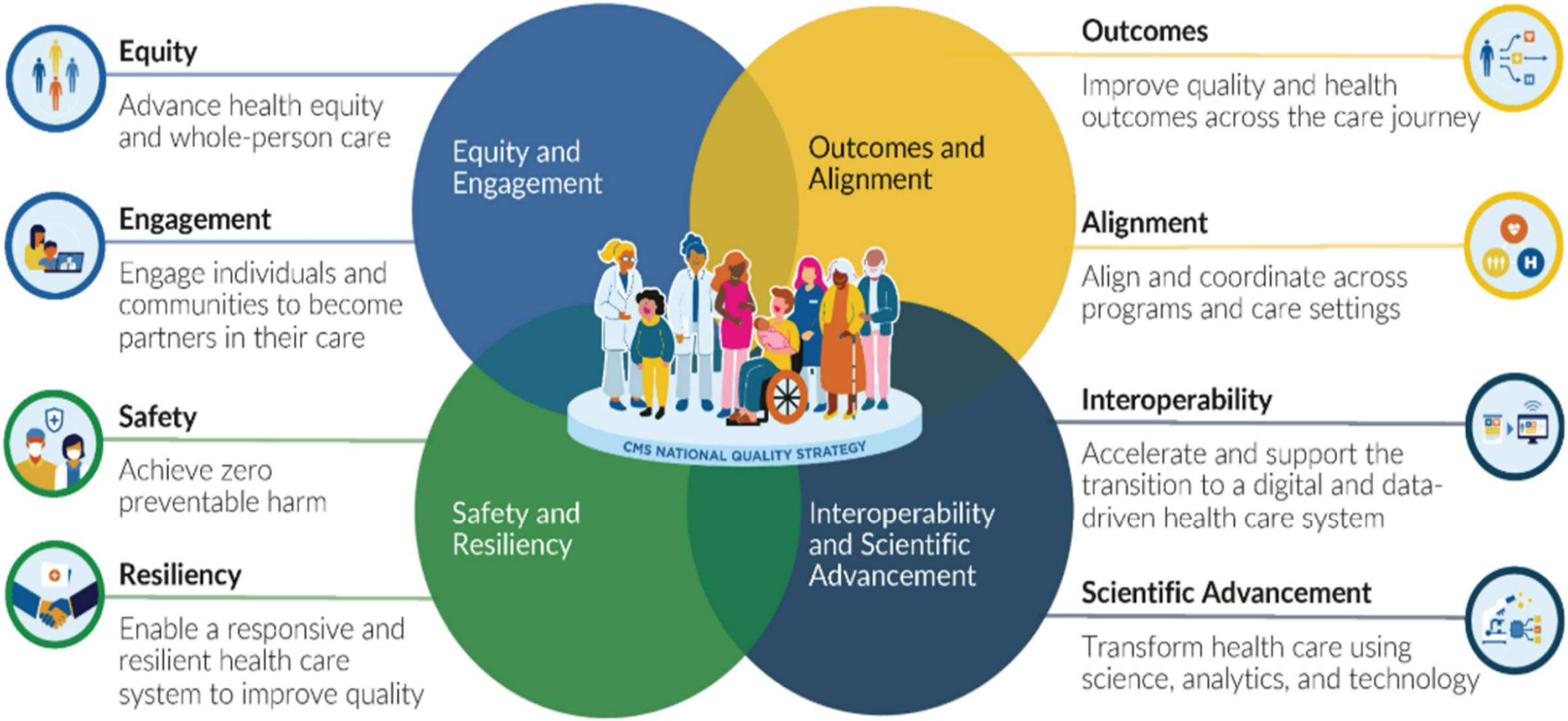
Celtic CONSULTING

A Look into CMS' Quality Programs

CMS Nursing Home Quality Programs

- Five Star – Public Quality Rating via Care Compare
- SNF VBP – Pay for Performance
- SNF QRP – Pay for Data Reporting
- Survey Measures

CMS National Quality Strategy Goals

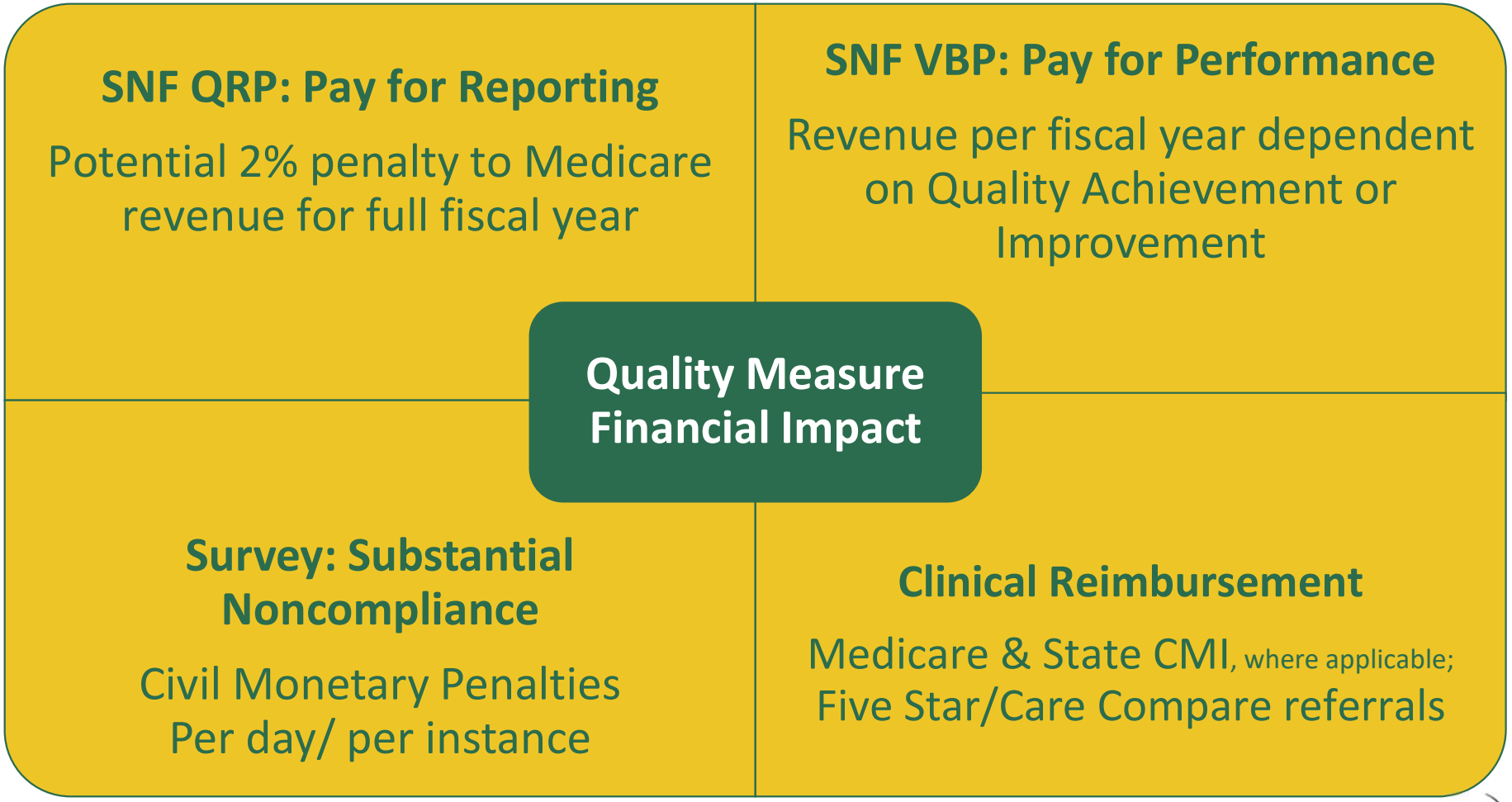


Mobility Matters: A Building Block for Success

- Reduces hospital readmissions
- Improves resident independence
- Decrease risk of injury
- Enhances quality of life
- Fosters emotional resilience and mental health by enabling participation in meaningful activities
- Reduces hospital readmissions
- Supports regulatory compliance
- Decrease caregiver burden

Question worth asking:

What measures have you put in place previously to ensure your care delivery aligns with CMS' Triple Aim to improve quality, outcomes, and costs?



Celtic CONSULTING

Quality Measures that Rehab can Impact

1

Five Star / Survey

- Falls / Falls w/Major Injury
- Pressure Ulcers
- Antipsychotics
- Antianxiety Meds
- Behaviors affecting Others
- Depression
- New/Worsened Incontinence
- Excess Weight Loss
- Increased ADL Help **
- Move Independently Worsened **
- Discharge Function **
- ER Use
- UTIs
- Hospitalizations
- Successful DC to Community

2

SNF QRP

- Falls w/Major Injury
- Pressure Ulcers
- DC Self Care Score
- DC Mobility Score
- Discharge Function **
- Potentially Preventable 30d post DC Readmission
- DC to Community
- HAI requiring Hospitalization

3

SNF VBP

- Falls w/Major Injury
- Discharge Function **
- SNF Within Stay Potentially Preventable Readmissions
- DC to Community
- HAI requiring Hospitalization

Celtic CONSULTING

The Importance of MDS Section GG Mobility

Quality Measures

- 🔢 Evaluates functional outcomes: declines or improvements
- ⚖️ Allows for comparisons across facilities & PAC settings
- 💾 Informs quality of care metrics to drive improvement
- 💰 Financial Impacts: SNF QRP, SNF VBP, Community/Referrals

Clinical Reimbursement

- 💰 Determines funding based on patient characteristics
- 📄 Supports accurate billing and claims
- ⚖️ Influences fair compensation for care provided

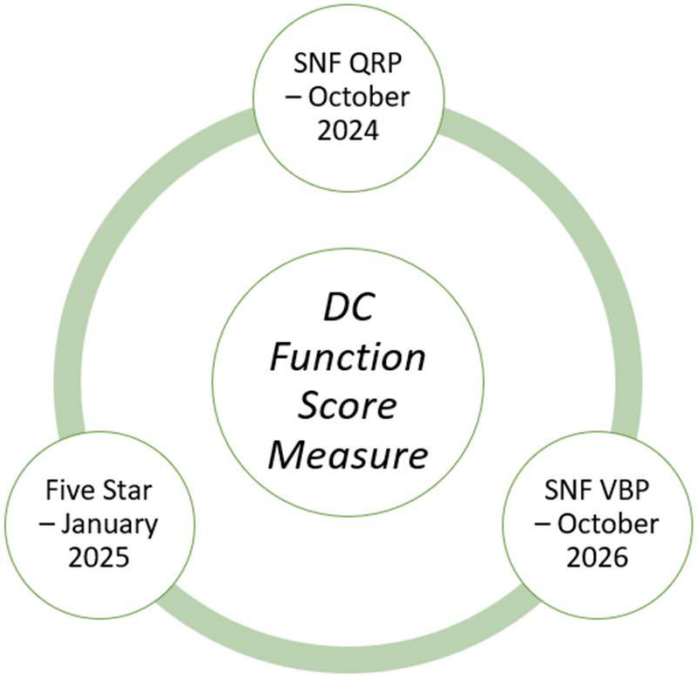
Care Planning

- 📝 Guides personalized care plans & ensures safety
- 🎯 Identifies patient needs, strengths, and weaknesses
- ✅ Monitors for changes to adjust interventions & goals

Celtic CONSULTING

Discharge Function Score – SNF Quality Impact

- Outcome measure from Section GG Self Care and Mobility items that allows for comparisons to other facilities
- Utilizes Medicare Part A data only
- Used as QM in 3 Quality programs



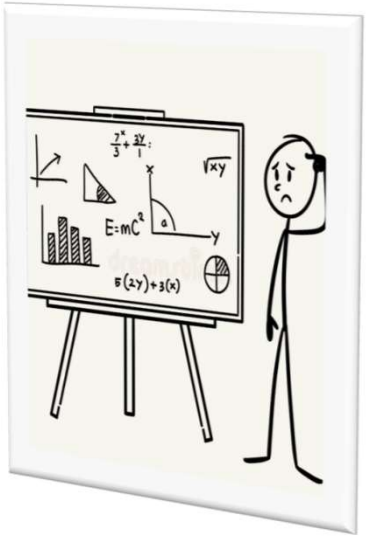
Celtic CONSULTING

	[redacted]						[redacted]	US
MDS Short-Stay Measures	**2023Q4**	**2024Q1**	**2024Q2**	**2024Q3**	**4Q avg**	**Rating Points**	**4Q avg**	**4Q avg**
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	4.8%	0.0%	0.0%	5.9%	2.7%	40	1.5%	1.6%
The time period for data used in reporting is 4/1/2023 through 3/31/2024.								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened[1]					0.0%	100	1.9%	2.5%
Higher percentages are better.								
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge[1]					53.6%	90	55.8%	52.0%

Celtic CONSULTING

DC Function Score – Calculation Basics

- Estimates the percentage of Medicare Part A SNF stays that meet or exceed an **CMS-expected** discharge function score using 10 GG Items
- Uses 12 months of Part A MDS data
- CMS "Magic Math" - *Will be difficult to manage/predict as will be calculated using an unknown CMS-calculated value for comparing the observed score against the CMS "expected" score*
- Uses multiple resident characteristics for covariates and to risk adjust



Celtic CONSULTING

What's with the "CMS-Expected" Scoring Method?

In research and statistics, **validity** and **reliability** are crucial for ensuring high-quality, trustworthy measurements and results.

- **Reliability – Consistency -** A reliable measurement will produce similar results under consistent conditions over time. It is an indication that the measurement is not influenced by random error or chance.
- **Validity – Accuracy -** A valid measurement accurately measures what it intends to measure, and the findings can be generalized beyond the specific context of the study. The measure predicts what it is supposed to predict.

Celtic CONSULTING

Statistical Imputation in Calculating the Discharge Function Score

- **What is Statistical Imputation?**
  It's a method used to estimate missing data points when a resident's functional ability can't be directly assessed (often due to medical conditions, refusals, or safety concerns).
- **Why Imputation is Used:**
  If certain Section GG functional and other applicable MDS items are not assessed/missing at discharge, CMS uses statistical models to **estimate those missing scores**.
- **How It Works:**
  - Based on the resident's available MDS data at **admission**, and discharge.
  - Uses data from similar residents (with similar admission characteristics) to **predict** what the score likely would have been.
- **Purpose:**
  Ensures residents without complete discharge data are **still included** in the Discharge Function Score Quality Measure — helping to avoid data gaps that could bias results.
- **Impact on Quality Scores:**
  Helps facilities get credit for care provided, even when full data is unavailable, and maintains the **integrity and fairness** of performance comparisons across SNFs.
- **Key Takeaway:**
  Statistical imputation fills in missing functional scores using validated methods so CMS can **accurately measure and compare** discharge outcomes, even when all data isn't recorded.

Exclusion criteria

Resident has an incomplete stay. (See next slide)

Resident has any of the following medical conditions at the time of admission: coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema, or compression of the brain.

Resident is younger than 18 years old.

Resident is discharged to hospice or received hospice while a resident. (Only excluded if physically discharged from facility/does not apply if PPS End but remains in facility.)

Celtic CONSULTING

DC Function Score – *Incomplete Stays*

- Unplanned discharge, including AMA A0310G = 2; **(Only excluded if physically discharged from facility/does not apply if PPS End but remains in facility.)**
- DC to acute hospital, psych hospital, or LTCH:

  A2105 = 04, 05, 06
- SNF LOS < 3 days: A2400C –A2400B < 3 days
- Stay ends in death: PPS 5 day matched with DIF Tracking Form (Type 2 Stay)

Celtic CONSULTING

DC Function Score – Management Tips

- **Accurate 5-Day Usual Performance Coding**
  - Avoid overestimating functional abilities on admission. The RAI manual directs that “usual performance” be recorded as it was prior to any facility-provided care that could make the resident appear more independent. If uncertain, take a conservative approach at the start of the stay.
- **End-of-Stay Performance**
  - Avoid underestimating performance at the end of the stay. Use the entire 3-day lookback period and incorporate input from both nursing and therapy teams. If unsure, take a more generous view of the resident's performance at this stage.
- **Compare PPS 5-day MDS Assessment to PPS Discharge Assessment Coding**
  - Ensure the MDS Coding and functional status make sense to known resident status
  - Discuss questionable variances with the interdisciplinary team to determine actual resident status.
- **Accurate Initial MDS Assessments for Covariate Items**
  - The 5-day assessment sets expectations for improvement. Ensure it is coded to reflect the resident's true conditions and challenges. For instance, failing to include a diabetes diagnosis can result in unrealistic improvement expectations for that resident.
  - Evaluate MDS Coding to identify if any Exclusions should have applied
- **Prior Mobility and Functional History**
  - Use diverse methods to assess prior mobility device use (GG0110) during the 5-day assessment. Review hospital discharge records and interview the resident and caregivers. Note that:
    - A mechanical lift includes stair lifts
    - A walker includes all types of walkers
    - Apply the same thoroughness when coding prior surgeries or falls to this areas and use multiple sources for accuracy.

Celtic CONSULTING

QRP Self-Care & Mobility QMs

SNF QRP Quality Measures	
MDS-Based QM Name	**QM Description**
DC Self Care	Percentage of Part A SNF Stays that meet or exceed a CMS-expected discharge self-care score. Higher percentage is better.
DC Mobility	Percentage of Part A SNF Stays that meet or exceed a CMS-expected discharge mobility score. Higher percentage is better.

Celtic CONSULTING

The Importance of MDS Section GG Mobility

Quality Measures

- 🔢 Evaluates functional outcomes: declines or improvements
- ⚖️ Allows for comparisons across facilities & PAC settings
- 💾 Informs quality of care metrics to drive improvement
- 💰 Financial Impacts: SNF QRP, SNF VBP, Community/Referrals

Clinical Reimbursement

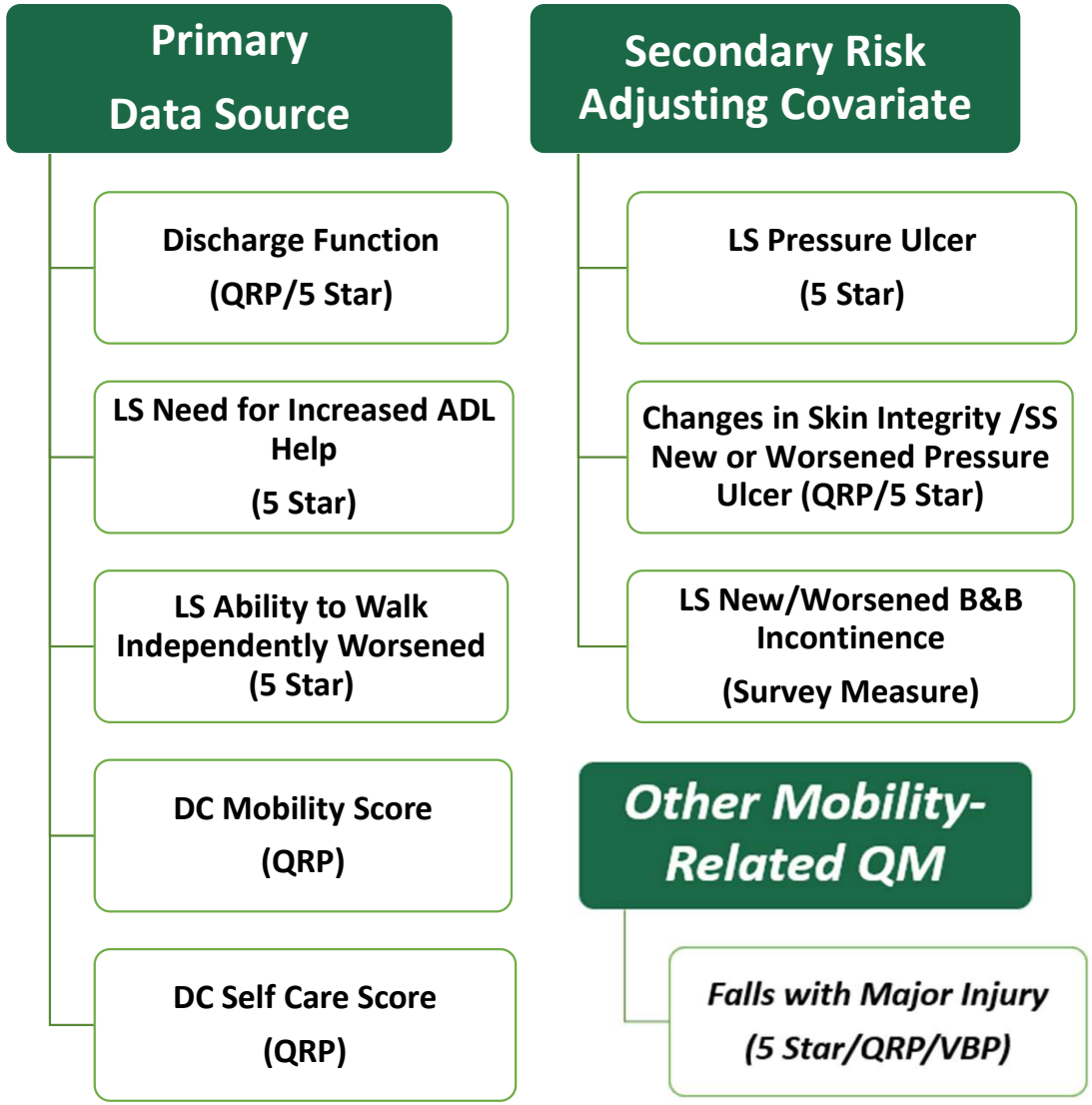
- 💰 Determines funding based on patient characteristics
- 📄 Supports accurate billing and claims
- ⚖️ Influences fair compensation for care provided

Care Planning

- 📝 Guides personalized care plans & ensures safety
- 🎯 Identifies patient needs, strengths, and weaknesses
- ✅ Monitors for changes to adjust interventions & goals

Celtic CONSULTING

Quality Measures Using Mobility GG Functional Data



Celtic CONSULTING

Expanding Rehab's Impact & Driving Quality Outcomes:

Low Lift, High Impact Strategies

Celtic CONSULTING

Holistic Care: Rehab Disciplines Overarching Reach

- **PT:** Mobility, fall risk mitigation, balance, endurance, discharge readiness, health literacies, wound care*, Chest PT
- **OT:** ADLs, cognitive-perceptual skills, caregiver training, environmental adaptation, health literacies, and in some states – dysphagia/swallowing
- **SLP:** Cognition, communication, swallowing, behavior, dementia care, caregiver education

**** Depending on MAC and state licensure – ability to provide direct or indirect wound care treatments***

Celtic CONSULTING

Breaking Silos for Improved Outcomes

- The reality is:
  - Post-COVID Nursing & Rehab Staffing Challenges
  - High-turnover of critical positions
  - Increased acuity of residents/patients
  - Difficulty managing day to day responsibilities & expectations (i.e. documentation)
- The solution:
  - Reimagining departments and roles to allow for greater staff 'buy-in' and retention
  - Empowering teams to 'think outside the box' and implementing some of their suggestions
  - Fostering an environment that promotes communication and collaboration
    - NOT more meetings – perhaps less even!
    - Ensure the meetings you do have are purposeful and allows for voices to be heard (Who truly needs to attend?)

Celtic CONSULTING

The Patient Journey: Which Environment are you Promoting?

DYSTOPIA

- Poor communication upon arrival – not outlining expectations of stay
- Incomplete evaluations – competing for patient's time on Day 1 (Nursing/Rehab)
- Not mobilizing patient without Rehab assessments (unless clinically necessary)
- Rehab evaluations day 3 or later
- Siloed care planning – lack of sharing amongst IDT
- Poor promotion of wellness/therapeutic activities throughout the stay
- Lack of caregiver incorporation
- Lack of health literacy education or inappropriate methods of teaching
- Discharge planning begins when pt nears DC
- Patient acts as a passive participant vs 'driving' their care

UTOPIA

- Expectations clearly set for patient & family
- Early evaluations by rehab
- Incorporation of Standardized Assessments
- Thorough H&P and PLOF including the 6 "Core" Dimensions of Wellness
- Shared findings with IDT at Clinical Meeting
- Prescriptive Rehab Course AND Wellness track
- Incorporation of Family throughout stay (i.e. Caregiver Education)
- Health Literacy provided
- Discharge Planning from Day 1 – Promoting functional activities and highest level of independence where able (i.e. ADLs)

Celtic CONSULTING

How does the Utopian Approach Shape a Patient's Stay?

- Early identification of functional and cognitive risk
- Translates skilled assessment into:
  - Nursing approaches
  - Restorative carryover
  - Safer transitions of care
- Rehab assessments ≠ rehab-only data
  - Functional data belongs in:
    - Care plans
    - CNA workflows
    - Shift-to-shift communication

Communication is Key!

Celtic CONSULTING

Discharge Planning from Day 1 = Methodically Mapping Out Patient Stays

- Being very ‘prescriptive’ following initial assessments
- What are the patient’s goals and how will their ‘idle’ time be best spent?
- Why wait for home to start a HEP?
- Socialization throughout the stay has a significant impact on outcomes
  - Wellness offerings
  - Group/Concurrent Therapies
- Reinforcing the patient as an active participant and the driver of their care and outcomes

Celtic CONSULTING

Where Institutionalization Starts…*or Stops!*

Reframing “Activities” → Wellness

- **Should we still call it Activities?**
  - **Operationally yes, culturally no.**
- Internally and clinically: **Wellness & Engagement Programming**
- Survey-facing language: “Activities / Wellness Programming” (dual terminology)

Celtic CONSULTING

Reframing “Activities” → Wellness

- **Why “Wellness” Works Better**
- Aligns with:
  - CMS focus on function, mood, and engagement
  - QOL/QOC survey outcomes
  - Consumer expectations
- Shifts perception from:
  - “Entertainment” → **therapeutic purpose**
  - “Optional” → **prescriptive and intentional**

Celtic CONSULTING

Holistic Dimensions of Wellness: Beyond Physical Function

- **Physical:** Builds strength, reduces falls; integrates with nutrition for energy (e.g., mobile dining programs).
- **Emotional:** Boosts confidence and joy; link to lower depression QMs via purposeful movement.
- **Social:** Enables community engagement (e.g., walking clubs, family visits); ties to behaviors affecting others QM.
- **Mental:** Stimulates cognition through exploratory activities; reduces antipsychotic use by addressing root causes like boredom.
- **Spiritual:** Facilitates access to chapel services or nature walks; enhances end-of-life dignity.
- **Vocational/Occupational:** Roles, contribution, identity, “having a reason to get up”, giving ‘back’ to the community – sharing their ‘purpose’ with others

Celtic CONSULTING

2026 Wellness: What's In & What's Out

🚫 OUT in 2026

❌ **One-size-fits-all activities calendars**
(Same schedule, different people)

❌ **"Attendance over impact" mentality**
(They showed up… but did it matter?)

❌ **Passive participation**

❌ **Activities as "entertainment only"**
(Fun is great—purpose is better)

❌ **Residents waiting all day for therapy to move**
(Movement isn't appointment-only)

❌ **Wellness living on an island**

❌ **Out-of-room time as optional**

❌ **Short stays treated like hotel stays**
(Rest is important—but so is recovery)

✅ IN for 2026

🌟 **Wellness-based programming**
(Physical, cognitive, social, emotional, purposeful)

🌟 **Prescriptive engagement – everything by design!**

🌟 **Rehab-informed wellness**
(PT/OT/SLP help shape groups and carryover)

🌟 **Residents as active partners in care**
(Goals, choices, voice from Day 1)

🌟 **Purposeful out-of-room time**

🌟 **Movement woven into the day**

🌟 **White-glove engagement**
(Short stays, high expectations, intentional care)

🌟 **Wellness as everyone's role**
(Rehab + Nursing + Wellness = Results)

Celtic CONSULTING

Does this look familiar?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10:30am – Sunday Service	10:00am – **Sit & Be Fit** 2:00pm – Crossword & Word Puzzles	10:30am – 1:1 Visits 2:00pm – **Live Music: Local Guitarist**	10:00am – Morning Coffee Social/News 2:00pm – **BINGO**	10:00am – **Arts & Crafts** 2:00pm – Coloring Club	1:30pm – **Ice Cream Social** 3:00pm – Card Games	2:00pm – Weekend Movie

Rinse & Repeat with some variation of this over the next 4 weeks

But What if it Looked Like This…

- Fun
- Interactive
- Purposeful
- Educational
- Cross-generational
- Engaging

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10:30 AM Worship / Reflection **3:00 PM** Sunnyside Middle School presents: Beauty & The Beast ***(Families highly encouraged to attend!)*** 🟢	**9:30 AM** Gentle Wake-Up Stretch 🟢 **10:30 AM** Functional Fitness (Transfers & Balance) 🔵 **2:00 PM** Wellness BINGO (Standing/Seated) 🔵 **4:00 PM**: Return Home Workshop – for Short-term patients DC'ing home **6:30 PM** Guided Relaxation & Breathing 🟢	**9:30 AM** Tai Chi for Balance 🟢 **11:00 AM** HIIT Stations – Winter Olympics Edition (Sit-to-Stand, Steps, Bands) 🟣 **2:00 PM** Brain Boost Memory & Word Play 🔵 **6:00 PM** Evening Walk Club 🔵	**10:00 AM** Chair Yoga & Mindful Movement 🟢 **11:15 AM** Dance for Cardio (Line & Seated) 🔵 **2:00 PM** Live Music + Rhythm Movement 🔵 **6:30 PM** Sound Bath & Meditation 🟢	**9:30 AM** Balance Basics 🟢 **11:00 AM** Strength Circuit (Upper/Lower Body) 🟣 **2:00 PM** Cooking for Wellness Heart-Healthy Snacks 🔵 **6:00 PM** Stretch & Recovery 🟢	**10:00 AM** Morning Mobility Walk 🟢🔵 **1:30 PM** Ice Cream Social (Social Engagement) 🟢 **3:00 PM** Expressive Arts & Purposeful Craft 🔵 **6:00 PM** Friday Dance Party 🟣	**10:00 AM** Weekend Walk Club 🔵 **1:00 PM** Hand Massage/Aroma-therapy 🟢 **2:00 PM** Movie + Discussion 🔵

🟢 **Level 1 – Restore & Relax**
(Lower endurance, cognitive support, calming focus)

🔵 **Level 2 – Build & Balance**
(Moderate activity, functional movement, endurance)

🟣 **Level 3 – Strength & Performance**
(Higher intensity, short LOS, managed care, independent movers)

Wellness Options by Functional Level: Custom Curated for YOUR residents/patients

Restore & Relax: Lower endurance, cognitive impairment, new admissions or LTC residents, those with lower activity tolerance

- Guided breathing & relaxation
- Hand massage / aromatherapy
- Gentle range-of-motion groups
- Sound bath / music immersion / meditation
- Sensory stimulation (textures, scents, familiar music)
- Reminiscence circles (small group)
- Spiritual reflection / mindfulness
- Nature videos with discussion

✓ Supports emotional regulation
✓ Reduces agitation and anxiety
✓ Ideal for evenings and sundowning hours

Celtic CONSULTING

Wellness Options by Functional Level: Custom Curated for YOUR residents/patients

Build & Balance: *Moderate function, progressing rehab, long-term residents (Think – Functional 'sweet spot' offerings!)*

- Sit & Be Fit (progressive)
- Tai Chi / Qi Gong
- Balance & fall-prevention labs
- Chair yoga with standing options
- Brain fitness & cognitive games
- Cooking demos & nutrition talks
- Walking clubs (indoor/outdoor)
- Gardening & plant care
- Expressive arts with purpose *(i.e. Paint & Sip with Mocktails)*
- Music + movement groups

✓ Reinforces Rehab Goals
✓ Encourages carryover outside of therapy
✓ Reduces caregiver burden

Celtic CONSULTING

Wellness Options by Functional Level: Custom Curated for YOUR residents/patients

Strength & Performance: *Higher-functioning, short LOS, managed care, goal-driven residents (sometimes underutilized – but families LOVE them!)*

- HIIT-style circuit classes (stations)
- Resistance band bootcamp
- Strength & endurance challenges
- Dance cardio / Zumba-style classes
- Functional obstacle courses
- Community reintegration prep
- "Return Home Ready" workshops
- Fitness tracking challenges
- Sports-style games (modified)
- Goal-based performance groups

✓ Supports shorter LOS
✓ Aligns with managed care expectations
✓ Preserves identity & autonomy

Celtic CONSULTING

Family & Cross-Generational Wellness Options

- HIGH impact, LOW cost, BIG wins
- Can be layered into anything mentioned previously
- Enhances QOL outcomes, strengthens community ties, and improves family satisfaction and trust

Family-Inclusive

Family walk & mobility hour
Caregiver training + participation
Family fitness challenges
Cooking together demos
Game nights (movement + cognition)
Wellness education nights
Discharge prep sessions with families

Cross-Generational

- Grandparent & child art projects
- Movement & music with kids
- Storytime (residents read)
- Intergenerational game days
- School partnership programs
- Seasonal events with purpose
- "Teach a Skill" resident-led sessions

What about our most ‘frail’ population?

- Memory-impaired specific programming
  - OT/SLP support with staging and curating appropriate activities (Allen Cognitive Scale or Global Deterioration Scale, for example)
  - Small group settings to avoid over-stimulation
  - 1:1 sessions where appropriate
- Varying ‘activity’ levels offered and resident progresses through appropriate levels, as clinically indicated
  - Reminiscence, tactile/sensory activities, relaxation, modeled behavior in small group settings, short stories, purposeful movement, pet therapy

Celtic CONSULTING

Additional Considerations for Programming

- Timing
  - Alleviate staffing burdens by scheduling ‘popular’ activities at strategic times
  - Allow for cross-generational involvement (adult children, grandchildren) – evenings, weekends, school vacations
- Solicit local volunteers for programming – get creative & have fun!
  - High school students (theater groups, art clubs, chorus, robotics)
  - Restaurants
  - Other organizations – churches, clubs, etc

Celtic CONSULTING

How does Rehab support these efforts?

- Instruct activities team on how to lead exercise-based classes
- Aide with identifying appropriate candidates for each level of class – help progress patients along the continuum
- Prescribe wellness offerings to short & long-term residents
- Teach 1-2 classes throughout the week (tie it to Group Therapy where able/appropriate – incorporate rehab residents)
- Assist with DC Planning Classes and/or Health Literacy-style classes
- Stage LTC residents to assist with care planning of wellness activities (i.e. Allen Cognitive Scale, Global Deterioration Scale)
- Routine assessment of patient participation/capabilities – intervene with skilled rehab where needed

Celtic CONSULTING

Care Reimagined:
Same Residents. Same Staff.
Different Design.

Celtic
CONSULTING

Activities Planning

- Balance of Leisure vs Wellness
- Something for ‘all’
- Specific programs tailored to different populations
- Evening and weekend offerings
- “New” and attractive offerings
- Deep Dive into Attendance – what is average # of participants? How many are ‘tried and true’ repeat customers? How do you engage the ones who don’t typically join?

Celtic CONSULTING

Leadership Role in Promoting a Wellness Culture

- Model and prioritize wellness in organizational values and strategic goals
  - Can you incorporate STAFF wellness initiatives as well?
- Integrate mobility and independence measures into leadership dashboards.
- Recognize and reward staff who foster resident engagement and wellness.
- Include mobility and engagement discussions in risk, QAPI, and care meetings.
- Communicate the 'why' behind mobility to staff and families.

Celtic CONSULTING

Integrating Wellness into the Rhythm of Daily Life

- Incorporate movement into every part of the resident day-to-day experience
  - Walk to Dine
  - ADLs
  - Mirror ‘home life’
- Partner therapy and life enrichment for co-led wellness initiatives.
- Assess and adapt environmental design to encourage safe, spontaneous movement.
- Review policies that promote passive versus active participation.

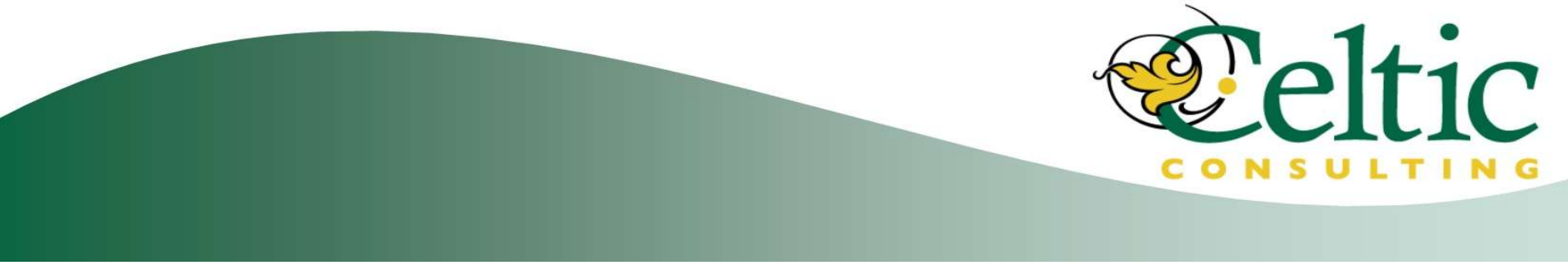
Celtic CONSULTING

Do you have the resources needed to optimize outcomes?

- **Life Enrichment/Activities/Wellness:**
  - Do you have the right programming in place to meet the needs of ALL residents – long and short term?
  - Wellness programs like adaptive yoga, music-movement therapy; faith-based walks
  - Adjunct to Nursing & Therapy Services
- **Nursing Services:**
  - Clinical Competencies for highly-prevalent diagnostic categories
  - Use of Evidenced-Based Clinical Pathways
  - Onboarding education surrounding GG coding for new hires and perhaps annually
  - Participation in regularly scheduled clinical risk meetings. Include holistic risk meetings (e.g., weekly 'Well-Being Rounds' assessing emotional/spiritual mobility impacts)
- **Rehab Services:**
  - Turnaround time from admission to evaluation
  - Clinical Programming
  - Independence with tasks needed for safe DC to home
  - Use of Evidenced-Based Clinical Pathways including those with holistic elements (e.g., nature-based therapy)
  - Onboarding education surrounding GG coding for new hires and perhaps annually
  - Regular rounding of all residents and sharing findings at clinical risk meeting
- **Effective Population Health Management/Channel Partnerships**
  - Use of technology for effective care delivery (e.g. Falls/mobility technology, dashboards, reports, AI, scrubbers)
  - Collaboration with Physician, Pharmacy, Psychiatry groups
  - Effective ER Diversion Program

Celtic CONSULTING

Rehab as a Force Multiplier: Value Proposition & ROI



Rehab's Role in Supporting Reimbursement Efforts – Direct ROI

- PDPM Clinical Huddle post-evaluation & clinical documentation to support:
  - GG scoring
  - BIMs scores
  - Swallowing disorder/Mechanically Altered Diet
  - SOB while lying flat
- Long Term Programming & Advocacy
  - CMI Documentation support – i.e. SOB with lying flat
  - Medicare Part B Programming (UI, Falls/Balance, Dementia Programming, Self-care/ADLs, Positioning & Seating)
- Supporting RNP Programming
  - Collaborate with Nursing on implementation & recommendations surrounding participants and plans of care
  - Supplement with staff where able/needed (ideal in in-house programs: OTAs, PTAs, Rehab Techs)
  - RNP Group offerings – *work smarter, not harder!*
- Critical role in successful transitions of care → QRP, VBP
  - 2% APU on the line

Celtic CONSULTING

Additional Areas Rehab Can Support – Indirect ROI

- **Staff training & in-servicing**
  - Safe mobility
  - Progressive transfers
  - Use of adaptive equipment
- **Transfer techniques & body mechanics**
  - Reduced caregiver strain
  - Fewer two-person assists when appropriate
- **Ergonomics & injury prevention**
  - Staff Wellness Initiatives
  - Bed height, chair setup, positioning, ergonomics at work stations
- **Worker's compensation injuries**
  - Fewer lifting injuries
  - Faster return-to-work when injuries occur
  - Rehab involvement in modified duty / return-to-work programs (where allowed)

Celtic CONSULTING

Additional Areas Rehab Can Support – Indirect ROI

- **Improved Resident Mobility & Self-Care → Less time per task = Less burden on Nursing**
  - Transfers, Toileting, Repositioning
  - A of 1 vs A of 2 assignments – free up staff to spend more time with higher acuity residents
- **Falls Reduction**
  - Fewer major injuries, less hospital transfers
  - Liability/insurance premiums over time
- **Reduce Survey Risk & Regulatory Exposure**
  - Better functional documentation
  - Clear mobility progression
  - Meaningful interventions = Stronger Care Plans
  - Improved IDT communication
  - Less risk of CMPs, DPOCs, Reputation damage

Celtic CONSULTING

Civil Money Penalty Reinvestment Program (CMPRP): Turning Enforcement into Improvement

The Civil Money Penalty Reinvestment Program (CMPRP) is a CMS initiative that reinvests civil monetary penalty (CMP) funds into projects that improve nursing home quality, safety, workforce competency, and resident quality of life.

Why it Exists

- CMPs are imposed for noncompliance with Medicare/Medicaid requirements
- A portion of collected CMP funds is returned to states
- States reinvest these funds into **resident-centered quality improvement initiatives**

CMPRP Focus Areas Include

- Resident protection and relocation assistance
- Consumer and family engagement initiatives
- Facility improvement, education, and QAPI support
- Mental and behavioral health programs
- Workforce enhancement, training, and culture change

Celtic CONSULTING

Why CMPRP Matters to Rehab, Nursing, and Leadership

✓ **Workforce Development**

- Safe mobility training
- Transfer techniques
- Injury prevention & ergonomics
- CNA, LPN, and RN education

✓ **Quality & Safety Improvement**

- Falls reduction
- Mobility and functional maintenance
- Dementia care and behavioral health support
- Interdisciplinary collaboration

✓ **Resident Engagement & Quality of Life**

- Wellness-based programming
- Consumer and family engagement
- Person-centered care models

✓ **Risk Mitigation**

- Reduced survey citations
- Fewer adverse events
- Stronger documentation and systems

Celtic CONSULTING

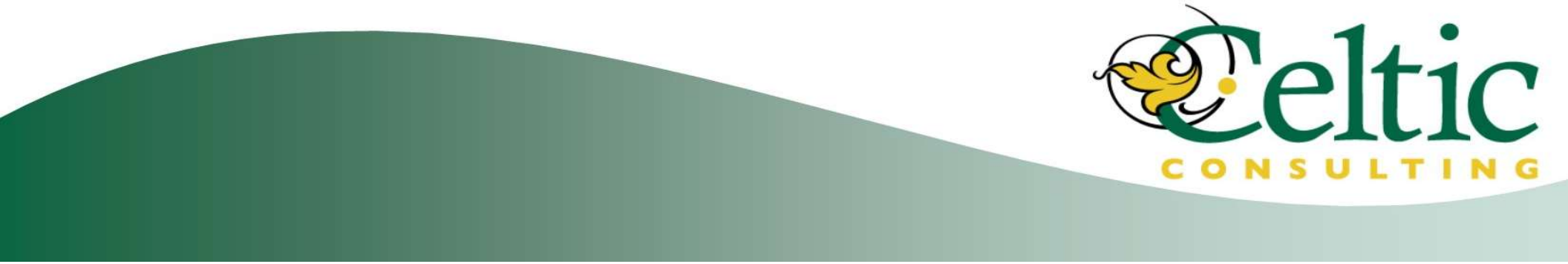
Real-World ROI: Case Studies in Mobility Programs for SNFs

Case Study 2: Sunbeam Progressive Resistance & Balance Training (Australian Elder Care Facilities, 2018)

- **Program:** 6-month cluster RCT (n=221) with strength/balance exercises to promote resident mobility; included group sessions for social engagement.
- **Outcomes:** Reduced fall rate by 55% (incidence rate ratio=0.45); improved physical performance (p=0.02); sustained at 12 months.
- **Financials:** Potential savings from avoided falls (average U.S. SNF fall with injury costs ~$30,000); ties to VBP incentives for lower hospitalizations. No direct ROI stated, but fall reductions can yield 20-30% cost savings in care/rehab.
- **Holistic Tie:** Enhances quality of life (reduced fear of falling), social connections via group activities, and overall independence.

NIH, PubMed. Interventions to promote mobility and quality of life in nursing homes: A systematic review - PMC

The Case for Restorative Nursing Program (RNP) Implementation



The Benefits of an RNP

- Improved QOL for residents and enhanced Quality Measures
- Preserves function gained during skilled care
- Reduced Caregiver burnout/risk of injury over time
- Improved DC Function Score for Part A residents
- Increased patient/family satisfaction
- Allows for early identification of patient changes in status
- Revenue Optimization for Medicare Part A and Medicaid (CMI) under a PDPM model
  - Conduct a ROI based on your resident acuity – what is % of residents in Reduced Physical Function or Behavioral Cognitive Nursing RUGs?

Restorative Nursing is where integrated rehab, nursing, and wellness become sustainable — long after skilled therapy ends.

Celtic CONSULTING

RNP Requirements for MDS Coding

- **Frequency:** At least **6 days per week** *(Pro Tip: Plan for 7 with an assumption of 1 missed session over the course of the week!)*
- **Duration:** At least **15 minutes per day** (can be cumulative, not all at once)
- **Services:** At least **2 different restorative nursing activities** provided (e.g., ambulation and ROM, or eating and grooming)
- **Staffing:** Delivered by trained nursing assistants/aides, under the supervision of licensed nursing staff *(Pro Tip: Work to incorporate this into existing staffing patterns and assignments to reduce the need for additional hires dedicated to the program)*
- **Documentation:**
  - Daily minutes and interventions documented by the aide
  - Periodic licensed nurse note on progress (weekly or co-sign of aide notes)
  - Care plan with resident-specific, measurable goals

Celtic CONSULTING

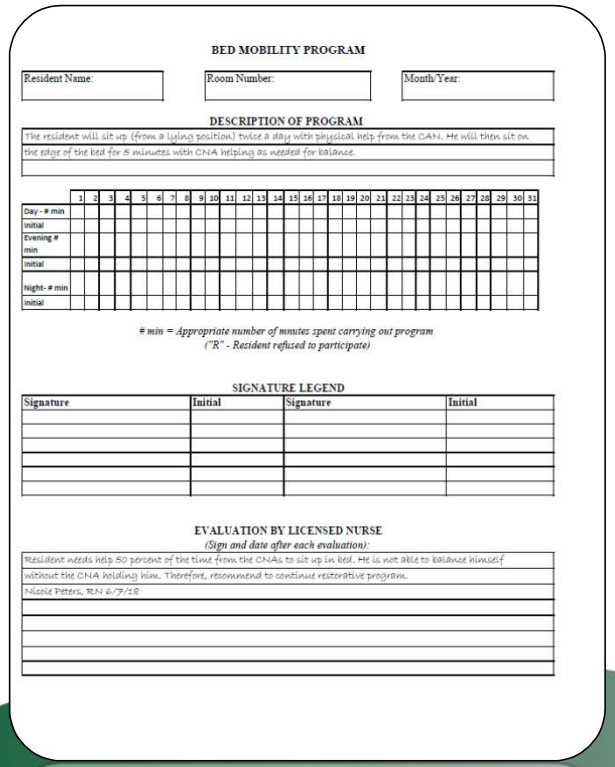
Restorative Nursing Program Activities

- Ambulation**
- Bed Mobility**
- Transfers
- Dressing/Grooming training
- Communication training
- Urinary &/or Bowel Toileting Program **
- Eating/Swallowing training
- Active Range of Motion**
- Passive Range of Motion**
- Splint or Brace application
- Amputation/Prosthesis care

** Counts as only 1 service if both provided

Celtic CONSULTING

RNP Documentation & Tracking



BED MOBILITY PROGRAM

Resident Name: | Room Number: | Month/Year:

DESCRIPTION OF PROGRAM

The resident will sit up (from a lying position) twice a day with physical help from the CAN. He will then sit on the edge of the bed for 5 minutes with CNA helping as needed for balance.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day - # min																															
initial																															
Evening # min																															
initial																															
Night- # min																															
initial																															

 # min = Appropriate number of mnutes spent carrying out program
("R" - Resident refused to participate)

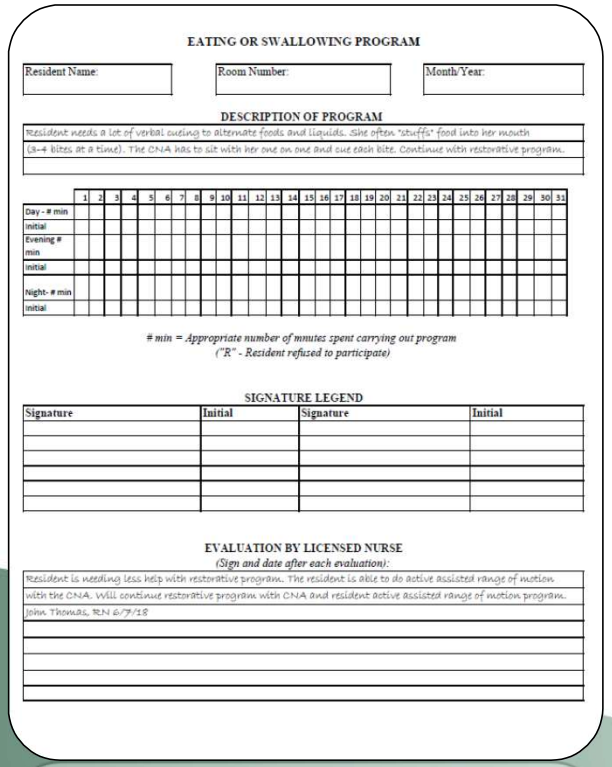
SIGNATURE LEGEND

Signature	Initial	Signature	Initial

EVALUATION BY LICENSED NURSE
(Sign and date after each evaluation):

Resident needs help 50 percent of the time from the CNAs to sit up in bed. He is not able to balance himself without the CNA holding him. Therefore, recommend to continue restorative program.

Nicole Peters, RN 6/7/18



EATING OR SWALLOWING PROGRAM

Resident Name: | Room Number: | Month/Year:

DESCRIPTION OF PROGRAM

Resident needs a lot of verbal cueing to alternate foods and liquids. She often "stuffs" food into her mouth (3-4 bites at a time). The CNA has to sit with her one on one and cue each bite. Continue with restorative program.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day - # min																															
initial																															
Evening # min																															
initial																															
Night- # min																															
initial																															

 # min = Appropriate number of mnutes spent carrying out program
("R" - Resident refused to participate)

SIGNATURE LEGEND

Signature	Initial	Signature	Initial

EVALUATION BY LICENSED NURSE
(Sign and date after each evaluation):

Resident is needing less help with restorative program. The resident is able to do active assisted range of motion with the CNA. Will continue restorative program with CNA and resident active assisted range of motion program.

John Thomas, RN 6/7/18

- Ensure you have systems and processes in place to allow for accurate capture and coding
- Nursing <> Rehab Collaboration on identifying needs, outlining services, monitoring response to program
- Don't go it alone – look to partners who are able to aide in implementation and foundational best practices!

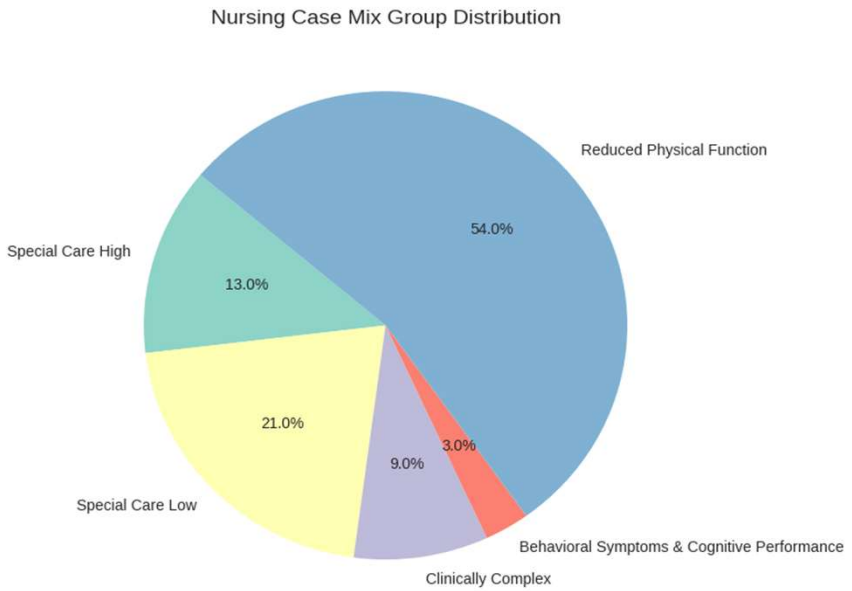
Celtic CONSULTING

RNP ROI – Medicaid CMI (SNF in Rhode Island)

Nursing Case Mix Group	Facility Rate	Revenue x92 days	Two residents	Three residents	Four residents	Five residents
PA1 without RNP	$240.03	$22,082.76	$44,165.52	$66,248.28	$88,331.04	$110,413.80
PA2 with RNP	$247.46	$22,766.32	$45,532.64	$68,298.96	$91,065.28	$113,831.60
Increase with RNP	$7.43/day	$683.56	$1367.12	$2050.68	$2734.24	$3417.80
PBC1 without RNP	$306.95	$28,239.40	$56,478.80	$84,718.20	$112,957.60	$141,197.00
PBC2 with RNP	$318.84	$29,333.28	$58,666.56	$87,999.84	$117,333.12	$146,666.40
Increase with RNP	$11.89/day	$1093.88	$2187.76	$3281.64	$4375.53	$5469.40
PDE1 without RNP	$354.53	$32,616.76	$65,233.52	$97,850.28	$130,467.04	$163,083.80
PDE2 with RNP	$367.92	$33,848.64	$67,697.28	$101,545.92	$135,394.56	$169,243.20
Increase with RNP	$13.39/day	$1231.88	$2463.76	$3695.64	$4927.52	$6159.40
BAB1 without RNP	$287.61	$26,460.12	$52,920.24	$79,380.36	$105,840.48	$132,300.60
BAB2 with RNP	$293.56	$27,007.52	$54,015.04	$81,022.56	$108,030.08	$135,037.60
Increase with RNP	$5.95/day	$547.40	$1094.00	$1642.20	$2189.60	$2737.00

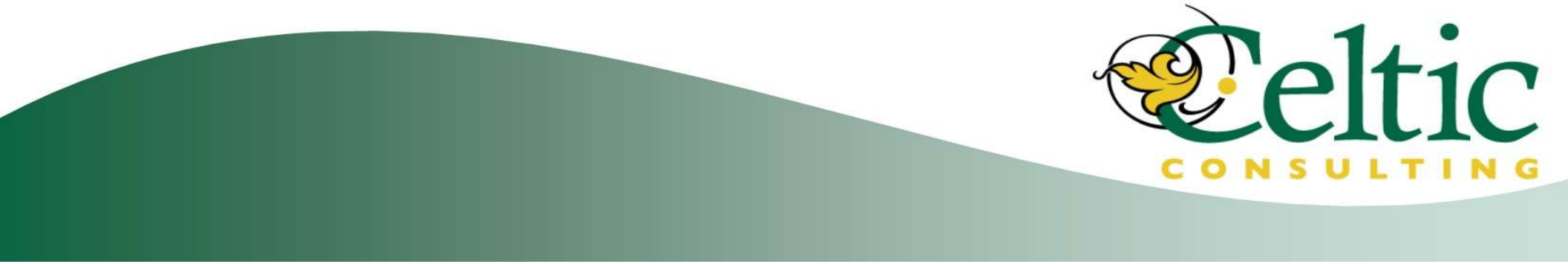
RNP Consideration & Impact: SNF in Maine

Nursing RUG	RNP +	# of Lives	CMI VARIANCE	$ IMPACT	Quarterly	Annually
PBC 1	PBC2	7	0.07	$14.81	$9,538	$38,150
PDE1	PDE2	5	0.08	$16.92	$7,783	$31,132
PA1	PA2	1	0.04	$8.46	$778	$3,114
BAB1	BAB2	1	0.03	$6.35	$584	$2,335
TOTALS		14*		$46.54	$18,683	$74,732



Celtic CONSULTING

Strategic Next Steps: Summary



Rehab as an Anchor: A Self-Assessment Checklist

Care Delivery

- ❑Rehab Evaluations occur Day 1 or 2
- ❑Functional Data is shared with IDT
- ❑Mobility is Reinforced Outside of Therapy Sessions
- ❑DC Planning Begins on Admission

Wellness & Engagement

- ❑Programming aligns with functional levels & goals
- ❑Rehab informs wellness & restorative offerings
- ❑Evening and Weekend Engagement exists
- ❑Families are incorporated intentionally

Celtic CONSULTING

Rehab as an Anchor: A Self-Assessment Checklist

Nursing & Restorative

- ❑Clear RNP Structure Exists
- ❑Nursing Staff Trained on Carryover Techniques
- ❑Functional Decline is Identified Early
- ❑Rehab & Nursing communicate routinely (Rounds are regularly occurring)

Quality & Outcomes

- ❑Section GG Accuracy is monitored
- ❑Mobility & Self-Care Related QMs are actively reviewed
- ❑Falls & decline trends are root caused & discussed with IDT
- ❑Quality data informs care planning

Celtic CONSULTING

Rehab as an Anchor: A Self-Assessment Checklist

Financial & Operational

- ❑Rehab supports Clinical Reimbursement (PDPM) documentation
- ❑RNP is demonstrating positive outcomes clinically & fiscally
- ❑ROI is being tracked beyond therapy minutes/care delivery

If you are able to check fewer than half – its not 'failure' – its OPPORTUNITY

Celtic CONSULTING

The Rehab Evolution: From Department to Strategy

- Rehab is no longer defined by minutes of care but rather the **quality** of the care
- Rehab is already influencing outcomes – leverage them strategically!
- Integration is not optional — it's expected
- Wellness is a clinical strategy
- Restorative nursing sustains gains
- Intentional design reduces cost and risk

When rehab and integrated care delivery are intentional and efficient — quality improves, costs stabilize, and experience elevates.

Strategic Next Steps

Over the next 90 Days – Can you:

1. Identify one way rehab can better support nursing at your facility?
2. Reframe one activity into a wellness intervention?
3. Evaluate the opportunity for RNP implementation or optimization?

Celtic CONSULTING

Questions?

Kristi Smith, MSPT, RAC-CT
ksmith@celticconsulting.org

Robin Sweeney, RN, DNS-CT, RAC-CT, RAC-CTA, QCP, LNC
rsweeney@celticconsulting.org

Phone (Office): 860-321-7413

www.celticconsulting.org