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**How MDS
3.0 will
affect you**

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President's Message

Wellness is hardly a new idea. But make no mistake, enthusiasm for wellness is expanding like never before.

And for good reason. A growing body of knowledge points to an enlightening conclusion: those who embrace multi-dimensional wellness (that is, focusing not only physical and emotional facets, but also spiritual, social, intellectual, and occupational aspects) get more out of life. They tend to be more active, independent and resilient, and, above all, fulfilled—regardless of their unique challenges and limitations.



Helping residents achieve a higher degree of wellness involves more than the adoption of wellness programs, however. With some sweeping regulatory and reimbursement changes on the horizon, care providers must also turn a keen eye on fiscal and operational wellness. Being well versed on the impending changes and then proactively planning for them will go a long way toward ensuring that residents continue to receive the proper care and treatment, when and where it's needed most.

Here at Aegis, we've been wholeheartedly committed to instilling a culture of wellness for residents through the development of our new and exclusive EnerG by Aegis wellness programs, and also through diligent, proactive planning for regulatory and reimbursement changes that may impact therapy services. In this issue of *Rehab Perspectives*, we explore the many benefits of comprehensive wellness care in senior living and how the EnerG by Aegis programs are helping cultivate a deeper wellness culture in these communities. We also outline how the new MDS and RUG rules scheduled to take effect October 1 may impact therapy services—and offer useful tips to help you prepare. We want to help you maintain fiscal and operational wellness, and ensure that timely, appropriate care remains the top priority.

Aegis is proud to be your wellness resource.

Martha Schram
President
Aegis Therapies

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Aegis Therapies
440 Wells Street, Suite # 200
Delafield, WI 53018
Toll Free: (877) 877-9889
Phone: (262) 646-1760
www.aegistherapies.com



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Julie E. Williamson, Editor and Writer

John O'Connor, Vice President, Associate Publisher/Editorial Director

Terry Rinella, Graphic Designer



Wellness Programs Gain Momentum

Backed by increasing provider support, operators are embracing a wellness culture

Once relegated to the periphery, wellness programs are attracting an increasingly supportive audience. Certainly, providers are gravitating toward this holistic approach to resident care, but so, too, are those in academic, political and regulatory reform sectors, as well as the general public.

The growing acceptance of a culture of wellness largely has been fueled by research that validates the importance of comprehensive wellness, along with a growing population of older Americans that is focused more on living better. Considered in the context of soaring healthcare costs and the push for more preventive care, it is little wonder wellness programs are moving into the spotlight.

The growing acceptance of wellness is good news for older adults who live in senior communities as well as for operators and care providers. Communities that embrace a deeply-ingrained, comprehensive culture of wellness—which engages residents across all six wellness dimensions, including physical, social, emotional, vocational, intellectual, and spiritual well-being—see their residents flourish, regardless of residents' age and conditions.

“When whole-person wellness is in place, positive outcomes follow,” stressed Jan Montague, MGS, a Cincinnati, OH-based whole-person wellness consultant and leading researcher in the field of senior holistic wellness.

“Having dedicated much of my life to whole-person wellness, I can confidently say that those communities that are effectively embracing the [wellness model] are really doing everything right. That’s because when there’s a culture of whole-person wellness, everything else falls into place,” Montague reasoned. “It’s a win-win for the residents, as well as for those delivering the care.”

Indeed, research consistently shows that communities that create an intentional, focused wellness culture have happier, more active and engaged residents who are more likely to thrive as they age. When wellness is fully embraced, it actually becomes a philosophy of prevention, as opposed to a call for treatment.

Wellness culture also has been linked to reduced staff turnover and improved customer satisfaction—benefits that may contribute to enduring operational success.

“The benefits to residents are significant and are driving wellness programs’ growth. But operators also may benefit from the market differentiation a culture of wellness may provide. In addition, a



Increasingly, seniors are embracing strength training and other aspects of wellness programs as a way to help offset the harmful effects of aging.

wellness culture helps to fulfill the needs of an entire community,” said Brian Boekhout, PT, regional director of clinical services for Aegis Therapies.

A multi-dimensional approach

A wellness culture knows no boundaries, especially with regard to senior housing and care. Continuing care retirement communities, assisted and independent living centers, and skilled nursing facilities all are favorable settings for the delivery of comprehensive wellness care.

The message appears to be catching on. A 2008 member survey by the International Council on Active Aging (ICAA) found that 88% of respondents work in organizations that offered a formal wellness program. Moreover, 98% of those organizations indicated that they plan to expand the programs in the future. What’s more, 91% of respondents reported that they have a dedicated space for wellness activities and 41% plan to build a new center or renovate an existing facility.



A wellness culture may include formal or informal programs designed to help residents take on greater responsibility for their own well being.

It's a trend that likely will impress more discerning baby boomers and future seniors, many of whom have grown accustomed to working out in fitness centers, staying educated and informed, and playing a more active role in their own health and wellness.

"The results of ICAA's survey show that retirement communities, senior centers, and other organizations understand that a well-managed wellness program that has adequate space and resources can have an enormous positive impact on the health and quality of life of older adults," stated ICAA CEO Colin Milner.

But wellness is not simply a matter of bricks, mortar, and real estate options. Because the physical dimension is just one aspect of wellness, communities have a unique opportunity—and even a responsibility—to tap every available resource to meet residents' comprehensive wellness needs. A wellness culture may involve formal and informal programming to help residents take better charge of their own well-being, with long-term success hinging upon the availability and participation of well-trained staff and experts across all departments and disciplines.

Some operators are off to a quicker start than others. "Certainly, there are some that are making a true, intentional investment in wellness by drawing from research and experienced staff and establishing a true wellness culture that involves educating and engaging residents, as well as each and every employee, in the wellness plan," said John Rude, MS, president and CEO of Age Dynamics Inc. The international consulting firm specializes in wellness for mature adults. "We're still seeing some [communities] that are placing wellness, or what they perceive to be wellness, solely in the hands of activity directors or resident services directors."

Fortunately, instilling a comprehensive wellness culture can be done at minimal expense. "It really shouldn't require a lot of capital expenditure," said Boekhout, adding that multi-purpose spaces, community-wide education, and thoughtful programming all contribute to successful—and cost-effective—wellness initiatives.

Montague also contends that every community can embrace whole-person wellness, regardless of the age and health of its popula-

tion. "It's more about helping residents feel confident that they can maintain as much functionality as possible, and in a way that feeds their soul. When whole-person wellness is truly viewed as a culture, as opposed to a specific program, wellness can be achieved very inexpensively."

For example, simply rising from a chair is an effective power move and simple stretching, balance, and flexibility moves can help residents maintain, improve, or sustain functionality—provided there is someone who can show them how to do so properly.

Tapping wellness potential

Because programming should encompass all six dimensions of wellness, it isn't a job that should be left up to one—or even several—people. As Rude pointed out, "It's up to the leadership of an organization to send out a strong message that all departments must actively participate in wellness initiatives if they are to be effective."

This is a message that Aegis has taken to heart. Last October, Aegis Therapies unveiled its EnerG by Aegis wellness program. Structured around the six dimensions of wellness, this option empowers seniors to adopt healthier choices and habits that help them maximize their quality of life.

'Wellness' defined

A true wellness culture involves much more than programs that focus on physical well-being and the availability of traditional fitness and wellness centers. While achieving and maintaining physical wellness is undoubtedly beneficial, and wellness centers can play a part in fulfilling that goal, the best wellness approaches are limitless. Even individuals with significant physical and cognitive impairment can attain wellness and enjoy maximum quality of life.

The National Wellness Institute defines wellness as an active process through which people become aware of, and make choices toward, a more successful existence. Beyond that, there's a general consensus among the National Wellness Institute and other health and wellness experts that wellness is:

- Positive and affirming
- Multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment
- A conscious, self-directed, and evolving process of achieving full potential

Seniors in motion

More than ever, seniors are taking charge of their physical wellness through targeted exercise and fitness programs. In fact, in some cases, people ages 55 and older are actually leading the fitness movement, according to the Sporting Goods Manufacturers Association report, "Tracking the Fitness Movement."

Here are some key findings of the 2009 report:

- Among people who exercise 50 days or more a year, nearly 30% are 55 or older
- There are more Americans over the age of 55 (11.1 million) using a treadmill than those under the age of 25 (10.8 million)
- Those 65 and older dominate participation in two categories: aquatic exercise activities and tai chi



Aegis leaders recognized that while the company was contributing significantly to the physical components of wellness, it had the capability and the resources to push those efforts even further.

“We understood that wellness involved far more than the physical aspects, which is what led us to develop the EnerG program,” said Mark Besch, Aegis’ vice president of clinical services.

Aside from Aegis’ extensive therapy expertise, EnerG draws from the many resources of the Golden Living family, tapping expert guidance and participation from registered dietitians, pharmacists, social services staff, frontline caregivers, hospice, and a host of other professionals in the senior care environment. Currently, EnerG by Aegis offers more than 80 educational and training programs. These include yoga, tai chi, balance, aquatics, strength building, cognition improvement, mentored spirituality discussions, and guided imagery, as well as stress management, cooking, home safety, and more. Each program is suited to the unique needs of a resident care community.

Value of expertise

With therapy services playing a direct role in resident wellness, having a wellness culture that harnesses that expertise can give a comprehensive wellness program an extra boost.

“Therapy service providers have a gigantic role in wellness. They work so closely with people in their most vulnerable states, so there’s a real opportunity to make a positive, powerful difference,” Montague said.

John Knox Village, a continuing care retirement community (CCRC) in Lee’s Summit, MO, is experiencing those benefits firsthand. The CCRC, which was already contracting with Aegis for its therapy services, began implementing the EnerG program in January and has already garnered positive feedback and participation from residents and staff.

“Residents are very excited about the program’s potential and how it will be tailored around their own needs,” said Emily Morris, Aegis Therapies’ wellness coordinator. At the onset, Aegis held an informal meeting with John Knox Village’s staff and residents. Residents flocked to the wellness center to learn about the program and make programming suggestions.

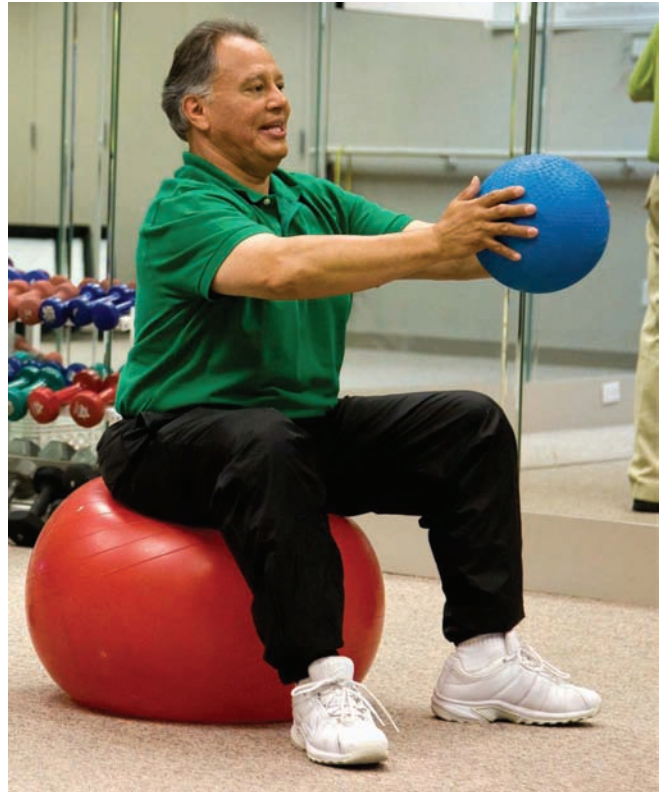
“It was made clear that this was their program and that their input would help determine what the programming would entail,” said Boekhout.

Staff also is motivated by the change, particularly because it affords a greater opportunity to embrace a more proactive, interdisciplinary approach to resident care and wellness by capitalizing on each discipline’s core strengths.

Indeed, communities and residents will reap the benefits of a unified, proactive wellness approach. As Rude noted, roughly 30% of residents who suffer hip fractures not only wind up in a nursing home but also die within one year. “This is just one example of why preventative care and a comprehensive approach to wellness are so important.”

A never-ending journey

Wellness experts agree that, aside from the need for top-down



One of the advantages of wellness programs is that they are not limited by the age of residents. Far more important is a willingness to participate.

leadership to instill an organization-wide wellness culture, it also is essential to build wellness programming around accessibility.

“Just because you build or develop it doesn’t mean they will come,” acknowledged Montague. “You have to make wellness [offerings] meaningful to the residents and provide [them] in a way that lets everyone participate and benefit, regardless of their [medical] condition.”

John Knox Village’s programs will be offered in various locations and in a wide range of formats to accommodate residents’ unique and ever-evolving needs—from group classes and educational seminars to one-on-one guidance and everything in-between. Balance classes, for example, are offered in both assisted living and independent living facilities, and despite having the same core focus, the courses will differ.

“At John Knox Village, there are nearly two thousand residents on campus, each with different needs. The EnerG by Aegis program is all built around accessibility and individuality,” said Besch.

And much like wellness itself, which is an ongoing journey, as opposed to a final destination—wellness programs must also continue to grow and evolve.

“There is no one pathway to success and no one wellness formula that works for every population,” confirmed Rude. “Helping people become empowered and stronger in mind, body, and spirit requires an individualized, comprehensive approach and an understanding that the best approaches to wellness are those that aren’t set in stone.” ■



Coming MDS 3.0 Will Affect Therapy Services

Are you getting ready for the changes?

The next generation of the Minimum Data Set (MDS) is scheduled to take effect in October. But the MDS 3.0 is not traveling alone. An updated version of Resource Utilization Groups (RUG-IV) is slated for the same startup date. Collectively, they will revise the way Medicare services are weighed and reimbursed.

The Centers for Medicare & Medicaid Services (CMS) acknowledges that the new resident assessment tool will have “profound implications” for nursing home care and policy. At the same time, the agency insists that the looming system will be an improvement over what’s currently in place.

“Enhanced accuracy supports the primary legislative intent that MDS be a tool to improve clinical assessment and support the credibility of programs that rely on MDS,” CMS stated on its Web site.

There’s little doubt that the current MDS 2.0 has become outdated. As Jaelyn Warshauer, PT, a senior clinician for Aegis Therapies explained, changes in resident acuities and treatment interventions prompted the need for the new version: “To stay current and [relevant], all reimbursement systems evolve over time.”

But change is seldom easy. The move to MDS 3.0 and RUG-IV has some seniors housing operators and therapy service providers worried that hefty payment cuts will result. Some also are concerned that the new rules could make it more difficult for residents to receive needed therapy services. According to CMS data, therapy accounts for nearly 95% of all RUGs group utilization.

Despite numerous changes to the MDS, prepared providers can rise above implementation challenges and minimize reimbursement and service delivery woes.



Providers continue to express concerns about new concurrent therapy rules. As they will limit payments, they also might reduce access to needed care.

“It’s really about education and proactively planning for these changes,” said Bill Goulding, national director of outcomes and reimbursement for Aegis Therapies. “The longer you wait, the more difficult it will be.”

Concurrent therapy crunch

Proposed changes to concurrent therapy also could have a significant impact. Under the government’s new definition of concurrent therapy, the number of participants in the treatment session should be limited to two. In addition, the therapist or therapist assistant must have line-of-sight for both residents.



Knowledge is Power

Confusion and concern are common when new rules are implemented. Often, the best way to rise above the challenges is to go right to the source – in this case the Centers for Medicare & Medicaid Services.

“All the information therapy providers need about MDS 3.0 and RUG-IV is right on the CMS Web site,” said Jaclyn Warshauer, PT, senior clinical claims review specialist for Aegis Therapies. “Relying on others may lead to inaccurate information and even more problems down the road.”

A comprehensive database of MDS 3.0 and RUG-IV materials, including downloadable MDS 3.0 satellite broadcasts, technical information, item subsets, and a version 3.0 Resident Assessment Instrument manual, is available at www.cms.hhs.gov/Nursinghomequalityinits/25_NHQIMDS30.asp (or by logging onto the CMS homepage at www.cms.hhs.gov and typing “MDS 3.0” in the search bar).

As of Oct. 1, CMS will require that therapists allocate minutes delivered via concurrent therapy on the MDS; that is, if a therapist reports concurrent therapy (by definition, to two residents) in the amount of 60 minutes, only 30 minutes will be counted toward RUG requirements for that patient. (MDS 3.0 will not impose a cap on the allowable concurrent therapy minutes, however.) Under the current MDS, concurrent therapy minutes are based on each resident’s time spent with the therapist (60 minutes each for a one-hour session).

One CMS official said the changes reflect a significant increase in the provision of concurrent therapy since the current version of MDS was implemented.

“The delivery of more concurrent therapy, we believe, was an outgrowth of the Skilled Nursing Facility Prospective Payment System, which was designed to reimburse based on actual resource use. What we saw were [providers] trying to better leverage therapists’ time – and some were providing more concurrent therapy, as opposed to individual therapy, to artificially inflate their minutes,” explained Sheila Lambowitz, CMS director of institutional post-acute care.

The new definition for concurrent therapy will also clarify what constitutes group therapy. According to CMS, group therapy consists of two to four residents who are performing similar activities and supervised by a therapist or assistant who is not supervising any other individuals. Under RUG-IV, if three or more residents are being treated, but the definition of group therapy is not met, then minutes cannot be coded as concurrent therapy on MDS.

Providers that haven’t yet begun formally tracking their actual concurrent therapy minutes should start doing so. Using the new therapy delivery mode definitions, therapists should be able to accurately calculate how many minutes are currently spent on each mode of therapy. This way, they’ll know the degree of impact when concurrent therapy minutes are halved for RUG groups purposes come October. Last October, Aegis Therapies developed a task force to plan for the coming MDS and RUG changes. It began by asking therapists to track concurrent therapy minutes. As of February, nearly 60 million total therapy minutes have been logged, allowing Aegis to determine the percentage of therapy provided under each delivery mode.

Using the new definitions, Goulding said providers might dis-

cover that some therapy they assumed was concurrent actually falls under the new CMS definition of group therapy.

CMS offered additional assurance. Despite significant opposition to RUG-IV and how it relates to concurrent therapy minutes, Lambowitz said she isn’t anticipating sweeping reimbursement cuts. “We expect only a small percentage of residents will shift from a higher level of rehab down to a lower category. If providers are using concurrent therapy as an adjunctive mode of treatment, as it was intended, then it won’t have a significant impact on payment.”

Still, some long-term care groups, including the National Association for the Support of Long Term Care, are concerned the new rule will discourage use of concurrent therapy because, as of Oct. 1, a therapist may have to spend more time with a resident for him or her to maintain the same RUG category that applied Sept. 30.

Reimbursement issues aside, the clinical decision to provide appropriate concurrent therapy—or any other mode of therapy service—ultimately lies with the therapist.

“There are absolutely times when concurrent therapy is beneficial. Therapy treatment must be based on each [resident’s] needs, not the needs of the therapist, and not based solely on payment,” Warshauer noted.

So long, Section T

The elimination of MDS’ Section T is another notable change. The section has been used to estimate the amount of therapy a resident will receive during the first 14 days of a stay in a skilled nursing facility. In its place, CMS will implement an optional start-of-therapy Other Medicare Required Assessment (OMRA), with an Assessment Reference Data (ARD) to be conducted five to seven days after therapy begins.

“In the past, therapy minute projections allowed a resident to be pushed into a higher RUG category. Now that projected therapy minutes are going away, the RUG score will be determined only on actual therapy delivered after admission to a skilled nursing facility,” Goulding explained.

The changes will make staffing ratios and communication between admissions, nursing and therapy staff more important than ever. If a resident is admitted on a weekend, for example, staff should be available to provide needed therapy services, according to Mark Besch, Aegis’ vice president of clinical development.

“Having therapy staff onsite and available whenever needed helps determine a more accurate assessment of residents’ needs moving forward. This OMRA start-of-care is a big change that will require providers to give the implications of this a lot of thought.”

Aegis has left no stone unturned. Its MDS and RUGs task force has been preparing for the new rules for months, dissecting the changes and developing comprehensive educational and strategic planning initiatives to prevent surprises and unforeseen challenges in October and beyond.

“The new MDS and RUGs versions are not upgrades. They are new systems and providers need to give them the attention they deserve if they want to be successful and eliminate problems,” advised Warshauer. “At Aegis, our goal is to be so well prepared that the transition from MDS 2.0 to 3.0 is seamless for all concerned. ■

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