



The Rec-Room

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Kim's Corner

On October 1st we said good-bye to the MDS 2.0 and welcomed the new kids on the block the MDS 3.0. Don't panic. It will take some getting used to but before you know it, you will be saying, "Remember when we used to do that section N?" Continue to attend training sessions in your state or online. The deeper we get into the MDS 3.0 the more information that comes out. There are still many unanswered questions and people interpret the RAI manual differently so it will be interesting to see how it all plays out.

September was a busy month with the MDS 3.0 and CAA webinars I provided. It was great to talk with so many other professionals across the country. If you missed out on these webinars, I added a couple to the

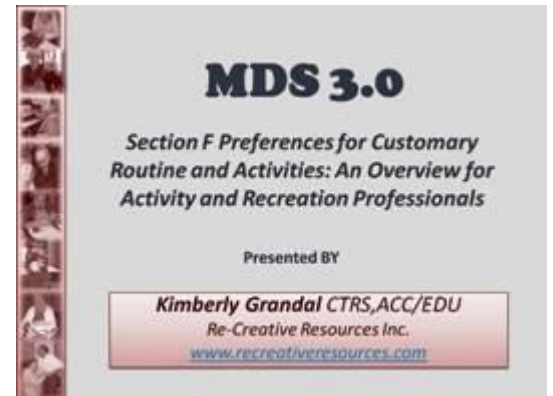
MDS 3.0 Section F Preferences for Customary Routine and Activities: The Top Ten Questions Asked by Activity Professionals

By [Kimberly Grandal, CTRS, ACC/EDU](#)

1. I don't see section F on the quarterly? When is section F completed?

Section F, Preferences for Customary Routine and Activities, is completed any time a comprehensive assessment is conducted:

- Admission Assessment
- Annual Assessment
- Significant Change Assessment
- Significant Correction of a Prior Full



2. Who completes section F?

Which individual or department is completing various sections of the MDS 3.0 varies from facility to facility. There are reports of Activity Professionals completing the following:

- All of the resident interviews, in addition to section F
- Some of the interviews (mood, cognition, and/or preferences)
- None of the interviews or sections of the MDS 3.0
- Some facilities are training each member of the IDT to conduct the complete interview and then taking turns in conducting the interviews.
- The most common, however, appears to be that the Activity Professional is completing all of section F.

3. Do I still have to do quarterly notes even though section F is not in the quarterly MDS?

Just because section F is not included in the quarterly MDS, does not mean the Activity Department shouldn't continue with their quarterly

October schedule (see below). Private group sessions are available too. Thank you to Kathy Hughes from Activities Assistance for her help with the MDS 3.0 webinars!

I am currently working on a MDS 3.0 handbook for those completing section F. It will be out VERY SOON! Stay tuned for details.

In addition, I'd like to thank the NJ Activity Professionals Association and the Northwest NJ Gathering of Activity Professionals, for agreeing to sponsor my trip to the **Call for Action Meeting** being held in NC. I appreciate their support and look forward to sharing what is learned. I can't wait and am so thankful for NCCAP and COAP for organizing this ever-so-needed meeting!

Lastly, I wish you all much success and hope that you have a fantastic October. I love the Fall-it's my favorite time of the year. Take some time to enjoy this beautiful weather and don't forget to take some time for YOU!

Activities: Life: Enhanced

Kim ☺

October Webinars

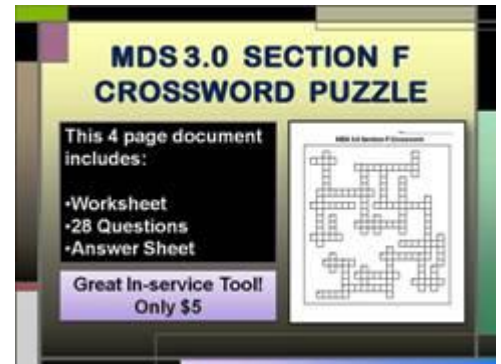


All sessions are NCCAP approved (unless noted otherwise)

Friday, October 15, 2010 (3 ce's)

Getting Good Players to Play Together (Teamwork)
Time: 11:30 a.m.– 1:00 p.m.
(Eastern Time)

progress notes or other episodic notes. It is very important that the Activity Professional monitor each resident's responses to activities and any activity interventions in accordance with the care plan. Quarterly and episodic notes help the Activity Professional to determine if changes should be made to care plans or if a change in the type of programming provided is needed.



4. Should I change my Activity Assessment?

Many Activity Directors are changing their Activity Assessments to be more compatible with the MDS 3.0. It's really an individual choice. Look at your current Activity Assessment and be sure it doesn't have any old MDS 2.0 language. If so, you may want to remove that and replace with current MDS 3.0 language. The Activity Assessment must provide the assessor with information that is necessary to plan a program of activities for the resident based on the resident's individual need, interests, and preferences. Areas to consider include but are not limited to:

- Current, past and potential activity interests
- Potential barriers to activities such as psychosocial, cognitive, physical or health
- Family and community involvement
- Activity adaptations, modifications, adaptive equipment
- Cultural, language, education, religious, and spiritual considerations
- Special skills and strengths
- Recommendations or referrals

If you are looking to change your Activity Assessment to be more compatible with the MDS 3.0, then check out Recreation Therapy Consultants. They have a new Activity Assessment form available.

5. What exactly triggers activities in the MDS 3.0?

- Any 6 items for interview for activity preferences has the value of 4 (not important at all) or 5 (important, but cannot do or no choice) as indicated by any 6 of F00500A through F00500H is coded a 4 or 5.
- Any 6 items for staff assessment of activity preferences item L through T are not checked as indicated by any 6 of F0800L through F0800T are NOT checked.
- The Mood Interview reveals the resident has little interest or pleasure in doing things as indicated by: D0200A1=1.

Tuesday, October 19, 2010 (2 ce's)
 Care Area Assessment-The Process and How it Applies to Activities
 (NCCAP approval pending)
 Time: 11:00 a.m. - 12:30 p.m..
 (Eastern Time)

Thursday, October 21, 2010 (3 ce's)
 MDS 3.0 Section F: An Overview for Activity/Recreation Professionals
 Time: 12:30 p.m.- 2:00 p.m..
 (Eastern Time)

Tuesday, October 26, 2010 (3 ce's)
 Tips and Techniques for a Sensational Sensory Program
 Time: 12:30 p.m. to 2:00 p.m..
 (Eastern Time)

Thursday, October 28, 2010 (3 ce's)
 Decreasing Barriers to Recreation (adapting activities)
 Time: 8:30 p.m. to 10:00 p.m..
 (Eastern Time)

PRIVATE GROUP SESSIONS ARE AVAILABLE! GREAT INSERVICES!

[Register for a webinar now](#)

Resident Rights Week

Resident's Right's Week is celebrated the first week of October each year to honor residents living in all long-term care facilities, including nursing homes, sub acute units, assisted living, board and care and retirement communities. It is a time for celebration and recognition offering an opportunity for every facility to focus on and celebrate awareness of dignity, respect and the value of each individual resident.

[Click here for great ideas.](#)

KNOW YOUR RIGHTS BINGO

	K	N	O	W
7	15	27	37	
Resident abuse	Know services	Free time	Room changes	
2	18	30	45	
Needs and preferences	Right to resident's religious beliefs	Participate in discharge	Personal property	
1	16	28	38	
Personal choices	Know charges	Relieve work	Activities	
5	13	32	47	
Resident Council	Privacy	Friends and relatives	Facility survey materials	

Learn about Residents' Rights the fun way! Microsoft Word and PowerPoint versions available.

- Staff assessment of resident mood suggests resident states little interest or pleasure in doing things as indicated by: D0500A1=1.

6. What is the difference between the Resident Assessment Protocols (RAPs) and the Care Area Assessment (CAAs)?

RAPS and CAAs are very similar in the respect that both:

- Review MDS and gathered data
- Involve decision-making and care planning
- Determine triggered care areas and assess further
- Include documentation in the medical record



Care Area Assessments:

The Process and How it Applies to Activities

Presented by:

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The major difference

between the RAPs and the

CAAs is that there is no mandated assessment tool/ protocol like there was with the MDS 2.0 RAPs. Now facilities may choose to use CAA resources (Appendix C) and/or current standards of practice, evidence-based or expert-endorsed resources to conduct further assessment of triggered areas.

7. Do I have to care plan if the resident is alert and oriented and codes a 4 (not important) or 5 (important but can't do, no choice) in the Activity Preferences Interview and triggers in activities?

One of the ways in which CAT number 10, Activities, will trigger is if the resident interview for activity preferences is coded with a total of six 4's or 5's. If the resident is alert/oriented and codes a 4 (not important at all), it just alerts us that we should look into it further. It could be that the resident is indeed alert/oriented, but is there some type of psychosocial factor or health issue that is the underlying cause of the resident answering a 4? Or is it that the resident answers 4's because he/she simply has no interest in those preferences being asked of him/her and may have other interests instead, such as crafts, exercise, computers, etc? Or if a resident codes a 5 (can't do or no choice) this may indicate the resident has perceived or actual barriers or has developed a sense of learned helplessness. The primary concept of the CAA process is to look for those underlying causes and contributing factors.

The decision to care plan or not will vary depending on the CAA analysis and findings. It is also important to note that just because a resident triggers in activities, doesn't mean we have to care plan for it. It is equally important to note, however, that just because a resident doesn't trigger in activities, doesn't mean we shouldn't care plan. The decision to care plan or not is truly based on the resident's

Call to Action Meeting

Raleigh/Durham, NC
November 13, 2010

This "Call to Action" meeting is sponsored by NCCAP (National Certification Council for Activity Professionals) in collaboration with COAP-National (Coalition of Activity Professionals).

We are concerned about the future of the activities profession and the activities professional of all levels. We are inviting you to attend and help shape a brighter future for those who serve the elderly population. We represent activity professionals who provide quality activity services to hundreds of thousands of people living and receiving long-term care. Activity professionals have a special skill set that is appreciated by those that they serve. It is now time to recognize a profession that has supported the quality of life in facilities across the nation and the world.

Topics for Collaboration

- Where we are as an industry
- Where we are as a profession
- The initial intent of the "Universal Worker"
- The need to assure continued recognition as a profession in light of the MDS 3.0
- Assess where we are for state and national regulatory compliance
- The future of the Activities Profession and the Recreation/Activities Professional
- What NCCAP needs to do toward the future
- Collaboration of other associations as well as NCCAP of where we should be as an industry
- Strategic planning of NCCAP, National Associations, State Associations and others for the future of the Activities Profession

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Morrisville, NC 27560
919.465.1910 or 540.656.3796STAY
YOU
(rooms are 69.00+ tax, free shuttle from RDU airport, lunch meal

problems, needs, preferences, strengths and the IDT's findings and recommendations.

8. What do I do if the resident cannot or refuses to answer the interview questions?

If the resident doesn't answer a preferences question, or answers with an incoherent or nonsensical response, then the assessor is to code a 9.

Three code 9's and the assessor is to stop the interview and complete the staff assessment for customary routine and activity preferences.



9. What type of documentation do I need to do for the CAAs?

CAA responsibilities, how it is facilitated, and where it is written in the medical record, will depend on facility protocol. Further assessment in a particular area should be within the scope of training or practice of the discipline filling out the section. CAA process must be interdisciplinary and involve the resident/significant other. CMS clearly states that CAA documentation must include:

- Nature of issue/condition.
- Causes, contributing risk factors, complications.
- Need for referrals and/ or further evaluation.
- Factors that must be considered in developing individualized care plan interventions including appropriate documentation to justify the decision to plan care or not to plan care for the individual resident.
- Resources used - Facilities may have written policies/ protocols/ standards of practice.
- Completion of Section V (CAA Summary).

10. Where can I watch the VIVE

- Order the video for free from CMS at <http://productordering.cms.hhs.gov/Login.aspx>
- Watch the video online:
<http://pickerinstitute.org/vive>
http://www.youtube.com/cmshhsgov#p/u/7/Ereawm4_F7k
<http://www.recreativeresources.com/MDS3.0.htm>

For more MDS 3.0 education, news and resources for Activity and Recreation Professionals visit <http://www.recreativeresources.com/MDS3.0.htm>

provided by NCCAP)

4 CE's are available at no charge (CEU's through the university are available and the fee for that format is \$30.00).

FREE and Open to ANY/ALL activity/recreation professionals concerned about the future of the profession -

SPACE is limited so be sure to register ASAP. Send your name, address, zip and e-mail to info@nccap.org.

DH Special Services

DH Special Services is offering an MDS 3.0 workshop, [The Activity Professional and the MDS](#). NCCAP approval is pending for five contact hours.
October 27, 2010
Lutheran Care at Moorestown
Moorestown, NJ
9:30 AM to 3:30 PM

New Jersey Activity Professional Fall Workshop

The 2010 NJAPA Fall workshop will be held on October 22nd at the Masonic Home in Burlington, The speaker this year is Cat Selman. For information, visit <http://www.njactivitypros.org>.

NJEPA TRA Conference

The NJ Eastern PA TR Association is having their annual conference on November 8 and 9th in Princeton, NJ. For more information visit <http://www.njepa-tra.com/>

Anthony's Song

Anthony Cirillo has produced 12 CDs, one for each month of the year with 12 accompanying activity guides. Each follows a theme based on observances and occasions. Each activity guide explores the theme, the occasions celebrated, the songs, their history and the artists that made the songs famous. Lyrics to all songs are included. [Click here to learn more](#)

Important Information Regarding RT and Section O from the ATRAnet Listserv

By Sharon Nichols, CTRS/L

We are asking CTRS and licensed recreational therapists in skilled nursing facilities to obtain physician orders and to meet the conditions for skilled services as defined in the Resident Assessment Instrument Manual (RAI manual) as defined in Section O of the MDS 3.0 - the current RAI manual is dated August 2010 - it is not the final approved RAI manual - that has not been released by CMS. It will be important for Recreational Therapists to capture the number of minutes and days that they are providing recreational therapy to Medicare A patients during the first 14 days after admission to the facility and then 14 days prior to an annual MDS Comprehensive Assessment or 14 days prior to a Comprehensive Significant Change MDS. CMS will be collecting utilization data to determine if RT resources are being utilized to the extent that it might be important to add additional resources (\$) to support recreational therapy treatment interventions.

Case in point to justify this is Respiratory Therapy - prior to the MDS 3.0 - respiratory therapy was a bundled service just like recreational therapy. In CMS analysis of utilization of respiratory therapy, they determined that there was higher utilization of respiratory therapy services for persons with specific diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) with the MDS 3.0 - Respiratory Therapy treatments are now factored into the Resource Utilization Group (RUGs) IV rates - so that additional reimbursement can be captured when those treatments are provided.

Therefore, if CTRS and licensed recreational therapists are demonstrating that those treatments are being used and whether those treatments may be considered to have higher utilization with certain diagnostic groups then the likelihood of higher reimbursement when RT is utilized is much greater than if there is no data to support the need for more RT resources.

I certainly hope that this gives everyone a clearer picture as to why capturing data for Section O is critical to our future viability not only with CMS but will provide better indication of the efficacy of our services for patients who have the need for these services.

Autumn Theme

By [Christine Jennings](#)

Author of [Christine's Column](#) and [The Rec-Room](#)

MEPAP course for Sale

Kathy is looking to sell an online MEPAP course (2nd part). She has decided not to take the course and is looking for someone who would like to purchase it from her at a discounted price. Contact Kathy at **862-452-1101**

Products, Services & Info.

- *Free Job Post
- *Activity and TR Resources
- *Forms and Manuals
- *Recreation Department Review Manual
- *Interdisciplinary Approach to Quality of Life In-Service
- *Guest Book (Please say hi!)
- *Activity Resource Center
- *Re-Creative Resources' Blog
- *The Rec-Quest (Q&A Forum)
- *Activity Swap Meet (cool ideas)
- *News and Announcements
- * Who's Who

Contact Kimberly Grandal

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*Email:
kimgrandal@aol.com

*Visit our website
www.recreativeresources.com

Writing class – Start the day reading a few poems, quotes or short stories to the residents, then ask them to write an autumn memory either in a short story, poem or just whatever comes to their mind. A website I found that had good autumn poems or short stories to read to the residents are egreeway.com then click on Months: Poems, Quotes, Links, Bibliographies, and Chores, then choose autumn or October.

Nature Walk – Take a nature walk around the facility or in a park. Let the residents collect some colorful leaves that can be used for a craft class when they get back.

Craft – Leaf press (this is a two week project) – You will need two pieces of ¼ inch plywood about 2 feet by 1 foot, heavy duty cardboard, blotter paper, newspaper, and several bricks. Take the colorful leaves the residents gathered from their nature walk and make sure they are clean and dry. Stack on table in this order one piece of plywood, cardboard, blotter paper and newspaper. Place the leaves on top of newspaper in order making sure to include a small name tag next to each leaf with residents name, date and location where the leaf was found. Add another sheet of newspaper on top of leaves followed by blotter paper, cardboard and plywood. Place the bricks on top of the last piece of plywood to keep it pressed down. The blotter paper will need to be changed every day for two weeks. This project needs to stay in a warm, dry area with good area flow. If you leave it on a table in the corner of your craft/activity room then that should be fine. Change blotter sheets each day. After about two weeks the leaves are ready to use to decorate note cards, or preserve them in a small picture frame with the tag so the residents will remember their nature walk. If you took pictures that day you can include a picture too and show case the leave behind as a decorative boarder. This decoration will be ready in time to display in November.



Game –Rake the leaves - If you have trees around your facility do this game outside, if not then you can do it in your activity room. Divide your residents into teams.

- Purpose of game is to promote team work and physical activity
- Give each team a broom, trash bag, straw hat and two or three pairs of garden gloves
- Scatter leaves in a line about four yards long. It does not have to be a great deal of leaves, just enough to have a line to the finish line.
- Instruct the residents to do the following:
 - Have one member of the team sweep the leaves to the finish

- line with the broom dividing the leaves into 2 or 3 piles.
- The second member will wear the straw hat and carry the trash bag to the finish line as fast as they can.
- The next member wearing a pair of gloves will go as fast as they can to collect the first pile of leaves into the trash bag that the second member is holding. Once they get their pile of leaves in the bag then the bag holder will take off the hat and wave the next member to come collect their pile of leaves in the bag. This will be repeated until all the members wearing garden gloves collect their pile of leaves.
- First team to finish putting all the leaves in the trash bag wins.

You should treat the winners with an extra treat, but all residents should get a goody for coming to the activity. If you have a lot of residents then reset the leaf lines and let the next set of teams play while the other cheers them on. This is more or less a relay race with props, so adjust so your residents can have fun while getting some exercise.

Social – Serve warm apple cider with/without cinnamon stick. See if any of the residents would like to read their poems or short stories to entertain everyone with their writing skills.

Read more about this fantastic themed activity in the October Themed Activities free download available at

<http://www.recreativeresources.com/SpecialEventsandThemes.htm>

The November theme activities are available for download as well.



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Kimberly Grandal on Linked In

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