**Specialized Rehabilitation**

**Competency**

General Information

**Specialized Rehabilitation Aligned with Facility Assessment**

**General Information**

In health care, the only constant is change. Staying on top of the most recent material is a never-ending job. Facilities will need to ensure that they have a solid process to ensure specialized rehabilitation services are provided in accordance with regulatory compliance and aligned with the facility wide resource assessment in order to ensure systems are in place to keep resident at their highest level of functioning, provide satisfaction and quality of care.

The Requirements of Participation have outlined requirements related to specialized rehabilitation and the facility assessment to include:

**F826: Rehabilitation Services-Written Physician Order-Qualified Personnel**

**“**Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.”[[1]](#footnote-1)

**DEFINITION:**

“Qualified Personnel” means a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, physician, nurse practitioner, clinical nurse specialist, or physician’s assistant, who is licensed or certified by the state to furnish therapy services. Qualified personnel may also include a physical therapist assistant (PTA), or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist.

**GUIDANCE §483.65(b) The** facility must employ either directly or contract with an outside resource the appropriate qualified personnel as defined above, and additional support staff to ensure the needs of the residents are met in accordance with their comprehensive plan of care.

In addition to meeting the specific competency requirements as part of their license and certification requirements defined under State law or regulations, these personnel must have the training, competencies and skill sets to care for residents as identified through resident assessments, and described in the plan of care.”[[2]](#footnote-2)

**F838: Facility assessment**

“The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

* §483.70(e)(1) The facility’s resident population, including, but not limited to,
1. Both the number of residents and the facility’s resident capacity;
2. The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
3. The staff competencies that are necessary to provide the level and types of care needed for the resident population;
4. The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
5. Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.
* §483.70(e)(2) The facility’s resources, including but not limited to,
1. All buildings and/or other physical structures and vehicles;
2. Equipment (medical and non- medical);
3. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
4. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care
5. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
6. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
* §483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all hazards approach.”[[3]](#footnote-3)

**Description**

“Specialized rehabilitative services include but are not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), and are required in the resident’s comprehensive plan of care.”[[4]](#footnote-4)

Systems must be in place to ensure collaboration between the interdisciplinary team to ensure the resident plan of care indicates services provided, risk factors, resident involvement, assistance necessary, devices, pain management and resident choice.

**Overview**

As it is crucial to ensure a Specialized Rehabilitation Program that provides person-centered services that are assessed, and care planned to keep resident at their highest level of functioning for positive outcomes.

This system should provide documentation of services to identify:

* Comprehensive Assessment
* Resident plan for discharge (if applicable)
* Care Plan Implementation
* Physician Orders
* Ongoing evaluation for improvement or significant change in condition
* Resident teaching (if applicable)
* Documentation of program implementation

**Suggestions for Resources/Data to Support the Competency**

A resource for expectations for providers on regarding Specialized Rehabilitation aligned with Facility Assessment include the CMS State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities.

Suggested competencies for staff will include:

* Licensed Nurse(s):
	+ Assessment Process
	+ Person-Centered Care Plan
	+ Implementation
	+ Demonstration/Evaluation
	+ Documentation
* CNA’s:
	+ Implementation of person-Centered care plan (Therapy - Specialized Rehabilitation person centered care plan)
	+ Communication
	+ Observation, identification and reporting of changes in resident
* Specialized Rehabilitation Services:
* Respiratory Therapist
* Occupational Therapist
* Physical Therapist
* Speech Language Pathologist
* Physical Therapy Assistant (PTA)
* Occupational Therapy Assistant (OTA)
* Interdepartmental Employees
* Those with resident contact: **Based on facility policy and procedure**
	+ Observation, identification and reporting of changes in resident

**F-Tag Reference General Information**

**POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION-Specialized Rehabilitation Services**

* F550: Resident Rights
* F556: Respect and Dignity
* F552: Planning and Implementing Care/Make Treatment Decisions
* F558: Accommodation of Needs
* F578: Right to Refuse/Advance Directives
* F580: Notification of Change
* F635: Admission Orders
* F658: Professional Standards
* F660: Discharge Planning
* F676: Activities of Daily Living/Maintain Abilities
* F677: ADL Care Provided for Dependent Residents
* F688: Mobility
* F692: Assisted Nutrition and Hydration
* F697: Pain Management
* F710: Physician Services
* F715: Physician Delegation to Therapist
* F725: Sufficient Nursing Staff
* F726: Competent Nursing Staff
* F745: Social Services
* F800: Provides Diet to Meet Needs
* F801: Qualified Dietary Staff
* F805: Food in Form to Meet Needs
* F808: Therapeutic Diet Ordered
* F810: Assistive Devices-Eating Equipment/Utensils
* F811: Feeding Asst-Training/Supervision/Resident
* F825: Provide/Obtain Specialized Rehab Services
* F826: Rehab Services-Physician Order/Qualified Person
* F838: Facility Assessment
* F842: Resident Records
* F865: QAA/QAPI
* F880: Infection Control

**Link to Critical Element Pathway**

Use the Specialized Rehabilitation and Restorative Services Critical Element (CE) Pathway, along with the above interpretive guidelines when determining if the facility provides Specialized Therapy that meets professional standards of practice; and that is in accordance with the resident’s comprehensive care plan, goals for care and preferences.

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services: Specialized Rehabilitative or Restorative Services Critical Element Pathway, Form CMS 20080 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

1. 1,2Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. Centers for Medicare and Medicaid Services: Specialized Rehabilitative or Restorative Services Critical Element Pathway, Form CMS 20080 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html> [↑](#footnote-ref-4)