

REHABILITATION SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Note: Rehabilitation Units and Hospitals must comply with the Medicare Benefit Policy Manual Chapter 1; Section 110 Inpatient Rehabilitation Screening Criteria. Additional information is also found in Survey and Cert Letter 11-28.</p>					
Are the services only provided under the orders of a qualified licensed practitioner, who is responsible for the care of the patient and is authorized by the medical staff to order services in accordance with state law and hospital policies? A-1132 COP §482.56(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the practitioner does not have medical staff privileges to write orders for services or for outpatient services, does the hospital policy permit acceptance of orders from outside practitioners and does the order meet the requirements of §482.54(c)? A-1132 COP§485.56(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are rehabilitation services organized in a manner appropriate to the scope and complexity of services provided? A-1124 COP §482.56(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the services staffed by adequate types and numbers of qualified personnel to ensure the health and safety of patients? A-1124 COP §482.56(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your rehabilitation services adhere to nationally recognized professional organization standards and recommendations? A-1123 COP §482.56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the rehabilitation medical director a member of the medical staff and appointed by the governing body? 19 CSR 30-20.134(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the medical director is part-time, is the time spent directing the service appropriate for the scope of services offered? A-1125 COP §482.56(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the rehabilitation medical director qualified in terms of education, experience and competencies? A-1125 COP §482.56(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your rehabilitation director assist in developing policies, procedures and long-range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REHABILITATION SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
planning? 19 CSR 30-20.134(3)					
Does the job description grant the rehabilitation director authority and responsibility for the operation of rehabilitation services provided? A-1125 COP §482.56(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are your rehabilitation services supervised by a physician or therapist who is qualified in terms of education, experience and competencies? 19 CSR 30-20.134(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are your rehabilitation services integrated within the organizational plan of your hospital and QAPI program? A-1123 COP §482.56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record contain: a. orders from a qualified licensed practitioner for all therapy provided? b. authentication of all verbal orders? c. documentation and evaluation of therapy administered in accordance with physician orders? d. evaluations of therapy being performed? e. an initial evaluation performed by a qualified professional on each patient with rehabilitative service orders? f. periodical evaluations performed by a qualified professional? g. a treatment plan based on the initial evaluation, input from family/caregivers and in accordance with the orders of the practitioner responsible for the care of the patient? h. documentation of supervision of supportive personnel when they furnish services? 19 CSR 30-20.134(4) 19 CSR 30-20.134(7) A-1133 COP §482.56(b)(1) A-1134 COP §482.56(b)(2)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Are treatment plans: a. established by the practitioner ordering the service and the individuals providing the service? b. based on the patient's assessment? c. written to include orders that include type,	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

REHABILITATION SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
amount, frequency and duration of treatment?					
d. written to include measurable short- and long-term goals and incorporate patient, family and caregiver goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. reviewed and revised to reflect changes in the patient's therapeutic response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. changes supported by clinical record information such as evaluations, test results, interdisciplinary staff conferences or physician orders? A-1134 COP §482.56(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the qualifications, education, experience and competencies of the rehab staff for each service offered defined in writing? A-1134 COP §482.56(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital routinely review the qualifications of your staff in consideration of changes in state licensing requirements? A-1124 COP §482.56(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the activities only performed by individuals working within their scope of practice and state licensure and certification requirements? A-1124 COP §482.56(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation in personnel files of current licensure, certifications and ongoing in-service/training? 19 CSR 30-20.134(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the rehabilitation services provided defined by written policies and procedures which describe the scope and conduct of rehab care provided? 19 CSR 30-20.134(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are rehabilitation policies/procedures approved by the medical staff and annually reviewed and revised as necessary? 19 CSR 30-20.134(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If services are provided under a contractual arrangement, are there written policies and contracts? A-1124 COP §482.56(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REHABILITATION SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is there adequate staff, space and equipment based on acceptable standards of practice available to meet the patients' needs? 19 CSR 30-20.134(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the space and equipment maintained to ensure patient safety? 19 CSR 30-20.134(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a mechanism to review and evaluate on a regular basis the quality and appropriateness of its rehab services? 19 CSR 30-20.134(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- Rehabilitation services (inpatient and outpatient) are optional and can include physical therapy, occupational therapy, audiology and/or speech pathology services.

Key Resources and Links

- [42 CFR 409.17](#) specifies the rehabilitation services plan of care requirements.
- [COP §482.56](#)
- [19 CSR 30-20.134](#)