

CRITICAL ACCESS HOSPITALS

REHABILITATION SERVICES (REHAB, PT, OT, AUDIOLOGY AND ST) — OPTIONAL

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Note: Rehabilitation Units must comply with the Medicare Benefit Policy Manual Chapter 1; Section 110 Inpatient Rehabilitation Screening Criteria .					
Rehabilitation services (inpatient and outpatient) are optional and can include physical therapy, occupational therapy, audiology and/or speech pathology services?	<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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is at least one qualified professional, of the applicable discipline, on site when needed to: a. perform an initial evaluation? b. initiate a treatment plan? c. supervise support personnel when they furnish services?	<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 outpatient and inpatient services integrated to provide for continuity of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your rehabilitation services adhere to nationally recognized professional organization standards and recommendations?	<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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the rehabilitation medical director qualified in terms of education, experience and competencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your rehabilitation director assist in developing policies, procedures and long-range planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the job description grant the rehabilitation director authority and responsibility for the operation of rehabilitation services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are your rehabilitation services supervised by a physician or therapist who qualified in terms of education, experience and competencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are your rehabilitation services integrated within the organizational plan of your hospital and QA/PI program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record contain:					
a. physician orders for all therapy provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. authentication of all verbal orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. documentation and evaluation of therapy administered in accordance with physician orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. an initial evaluation on each patient with rehabilitative service orders performed by a qualified professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. periodical evaluations performed by a qualified professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. documentation of supervision of supportive personnel when they furnish services?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. based on the patient's assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. written to include orders for type, amount, frequency and duration of treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<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 by the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does your hospital routinely review the qualifications of your staff in consideration of changes in state licensing requirements?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation in personnel files of current licensure, certifications and ongoing in-service/training?	<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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If services are provided under a contractual arrangement, are there written policies and contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there adequate staff, space and equipment based on acceptable standards of practice available to meet the patients' needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the space and equipment maintained to ensure patient safety?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 30-20.134](#)
- [COP §485.635\(b\)](#)