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388-97-1280 Specialized habilitative and rehabilitative services.

(1) If specialized habilitative and rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must:

(a) Provide the required services; or

(b) Obtain the required services from an outside provider of specialized rehabilitative services.

(2) As determined by the resident's individualized comprehensive plan of care, qualified therapists, as defined in RCW 74.46.020(40), will provide specialized habilitative or rehabilitative services under the written order of the physician. According to state law and at the qualified therapist's discretion, certain services may be delegated to and provided by support personnel under appropriate supervision.

(3) The nursing facility must:

(a) Ensure that residents who display mental or psychosocial adjustment difficulties receive appropriate treatment and services to correct the assessed problem; and

(b) Provide or arrange for the mental health or mental retardation services needed by residents that are of a lesser intensity than the specialized services defined at WAC 388-97-1960.

(4) The nursing home may provide specialized rehabilitative and habilitative services to outpatients on the facility premises, only if the nursing home continues to also meet the needs of current residents.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1280, filed 9/24/08, effective 11/1/08.]

Specialized Habilitative and Rehabilitative Services

WAC 388-97-130 Specialized habilitative and rehabilitative services. (1) If specialized habilitative and rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must:

- (a) Provide the required services; or
 - (b) Obtain the required services from an outside provider of specialized rehabilitative services.
- (2) As determined by the resident's individualized comprehensive plan of care, qualified therapists, as defined in RCW 74.46.020(40), will provide specialized habilitative or rehabilitative services under the written order of the physician. According to state law and at the qualified therapist's discretion, certain services may be delegated to and provided by support personnel under appropriate supervision.
- (3) The nursing facility must:
- (a) Ensure that residents who display mental or psychosocial adjustment difficulties receive appropriate treatment and services to correct the assessed problem; and
 - (b) Provide or arrange for the mental health or mental retardation services needed by residents that are of a lesser intensity than the specialized services defined at WAC [388-97-251](#).
- (4) The nursing home may provide specialized rehabilitative and habilitative services to outpatients on the facility premises, only if the nursing home continues to also meet the needs of current residents.
- [Statutory Authority: RCW 18.51.070 and 74.42.620. 00-06-028, § 388-97-130, filed 2/24/00, effective 3/26/00; 94-19-041 (Order 3782), § 388-97-130, filed 9/15/94, effective 10/16/94.]

74.42.170 Rehabilitative services.

- (1) The facility shall provide rehabilitative services itself or arrange for the provision of rehabilitative services with qualified outside resources for each resident whose comprehensive plan of care requires the provision of rehabilitative services.
- (2) The rehabilitative service personnel shall be qualified therapists, qualified therapists' assistants, or mental health professionals. Other support personnel under appropriate supervision may perform the duties of rehabilitative service personnel.
- (3) The rehabilitative services shall be designed to maintain and improve the resident's ability to function independently; prevent, as much as possible, advancement of progressive disabilities; and restore maximum function.

[1979 ex.s. c 211 § 17.]