

State Regulations Pertaining to Specialized Rehabilitative Services

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

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420-5-10-.14 Specialized Rehabilitative Services.

(1) Provision of services. If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and 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 resource (in accordance with Section 483.75(h) of Title 42 Code of Federal Regulations revised 10/1/93) from a provider of specialized rehabilitative services.

(2) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

Author: Patricia E. Ivie

Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq.

History: Original rules filed: July 19, 1996; effective August 23, 1996.

ALASKA

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07 AAC 012.280. Rehabilitation Services.

(a) A nursing facility must provide a program of rehabilitative nursing care that assists each resident to achieve and maintain an optimal level of self-care and independence, as an integral part of the nursing service.

(b) A nursing facility must provide physical, occupational, or speech rehabilitative services for a resident on a full-time, part-time, or consultant basis in accordance with the needs of the resident.

(c) A therapist shall evaluate a resident in accordance with a physician's order. The therapist shall then establish an appropriate treatment program in coordination with medical, nursing, and other rehabilitative personnel.

(d) The therapist shall report on the resident's progress to the attending physician within two weeks after initiation of rehabilitative services. After that report, the therapist shall reevaluate and note in the resident's medical record the resident's status and treatment plan every 30 days in the case of a resident receiving active rehabilitation and at least every 90 days for other residents.

History -Eff.11/19/83, Register 88; am 5/28/92, Register 122.

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.690. Physical therapy service

(a) A facility that provides physical therapy services must retain, as an employee or under contract as a consultant of the facility, a physical therapist licensed under AS

08.84. If treatment is to be rendered by a physical therapy assistant, the physical therapy assistant must be licensed under AS 08.84, and the treatment must be planned, delegated, and supervised by the physical therapist.

(b) A physical therapist may evaluate a patient and establish a treatment program only upon written or verbal instructions from the treating physician. A treatment program and any modification to it must be approved by the referring physician. A physical therapist may accept a verbal order of a physician.

(c) A physical therapist shall perform the following duties or, if one or more of these duties is delegated to a physical therapy assistant, the physical therapist shall ensure that the duties are properly performed:

(1) enter each treatment into the patient's medical record;

(2) prepare clinical progress notes;

(3) prepare summaries of care.

History: Eff. 11/19/83, Register 88; am 5/24/2007, Register 182 Authority: AS 18.05.040

AS 47.32.010 AS 47.32.030

7 AAC 12.710. Occupational therapy service

(a) A facility which provides occupational therapy services must retain an occupational therapist as an employee or consultant of the facility.

(b) Repealed 5/28/92.

(c) An occupational therapist shall directly supervise assistants.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122 Authority: AS 18.05.040

AS 18.20.010 AS 18.20.060

ARIZONA

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R9-10-910. Medical Services

...B. A medical director shall ensure that:

...6. A resident is assisted in obtaining, at the resident's expense:

...f. Physical therapy;

g. Speech therapy;

h. Occupational therapy.

ARKANSAS

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313 SPECIALIZED REHABILITATIVE SERVICE POLICIES

If a facility offers specialized rehabilitative services, written administrative and patient care policies and procedure for rehabilitative services shall be developed for appropriate therapists and representatives of the medical, administrative, and nursing staffs.

326 SPECIALIZED REHABILITATIVE SERVICES

If the facility does not offer specialized rehabilitative services directly, patients in need of such services, i.e., physical therapy, occupational therapy, speech pathology, and audiology, shall not be admitted or retained in the facility unless arrangements for these services have

been provided with an outside resource. Terms of the agreement should include reimbursement, responsibility of each party, and documentation responsibilities.

530 SPECIALIZED REHABILITATIVE SERVICES

531 SERVICES BASED ON RESIDENT NEEDS

In addition to rehabilitative nursing, the facility shall, as ordered by a physician, provide, according to the needs of each patient, specialized and supportive services, i.e., physical therapy, speech pathology, audiology and occupational therapy, either directly, by referral, or through arrangements with qualified personnel.

532 WRITTEN PLAN OF CARE

If provided, specialized rehabilitative services shall be provided under a written plan of care, initiated by the attending physician, and developed in consultation with appropriate therapist(s) and nursing services.

533 REVIEW OF RESIDENT PROGRESS

A report of the patient's progress shall be communicated to the attending physician within two (2) weeks of the initiation of the specialized rehabilitative services and regularly thereafter.

534 RE-EVALUATION OF PLAN

The plan of specialized rehabilitative care shall be re-evaluated as necessary, but at least every thirty (30) days by the physician and/or the therapist.

535 DOCUMENTATION OF SERVICES

The physician's orders, the plan of specialized rehabilitative care, services rendered, evaluation of progress and other pertinent information shall be recorded in the patient's medical record and dated and signed by the physician ordering the service and the person who provided the service.

CALIFORNIA

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s 72401. Optional Service Units -General.

(a) "Optional service unit" means a functional unit of a skilled nursing facility which is organized, staffed and equipped to provide a specific type or types of patient care. A facility is not required to operate an optional service unit.

(b) The following types of optional service units may be operated in a skilled nursing facility: physical therapy, occupational therapy, speech therapy, speech pathology, audiology, social work services, and special treatment program services.

(c) If outpatient services are to be provided for physical therapy, occupational therapy, speech pathology, and/or audiology services, the following conditions shall be met:

(1) Outpatient service units shall be located or constructed in a manner that will minimize noise, odors, hazards and unsightliness to the facility's inpatients.

(2) Outpatient access to optional service units shall not traverse a nursing unit.

(3) Separate toilets for men and women outpatients shall be provided.

(4) Drinking water facilities of a type approved by the Department shall be available for outpatients and personnel.

(5) Handwashing facilities with hot and cold water supply shall be provided in the optional service units.

(6) Waiting areas shall be provided with sufficient floor space to seat the maximum number of persons who are expected to be accommodated at any one time.

(d) Each optional service unit within the facility shall be approved by the Department. Any facility desiring approval for an optional service unit shall file an application on forms furnished by the Department.

(e) The Department shall list on the facility license each optional service for which approval is granted.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72403. Physical Therapy Service Unit -Services.

(a) "Physical therapy service" means those services ordered by a physician for a patient or upon a physician's referral and provided to a patient by or under the supervision of a physical therapist.

(b) Physical therapy services shall include but are not limited to:

(1) Assisting the physician in an evaluation of the patient's rehabilitation potential.

(2) Applying muscle, nerve, joint and functional ability tests.

(3) Treating patients to relieve pain and to develop or restore function.

(4) Assisting patients to achieve and maintain maximum performance using physical means such as exercise, massage, heat, sound, water, light or electricity.

(5) Establishing and modifying a treatment program by the physical therapist, as needed, based upon initial and continuing assessment of the patient.

(6) Maintaining patient health records which contain pertinent information and signed orders for treatment.

(A) Notes shall be written and entered in the patient's health record after completion of each procedure. The note shall indicate the procedure(s) and shall be signed by the physical therapist.

(B) Initial and continuing assessment, development of a treatment plan and discharge summary shall be written and entered in each patient's health record.

(C) Individual progress notes shall be written and signed at least weekly by the physical therapist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72405. Physical Therapy Service Unit -Policies and Procedures.

(a) Each physical therapy service Unit shall have written policies and procedures for the management of the physical therapy service.

(b) The policies and procedures shall be established and implemented by the patient care policy committee in consultation with a physical therapist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72407. Physical Therapy Service Unit -Staff.

(a) The physical therapy service unit shall be under the direction of a physical therapist.

(b) A physical therapist assistant shall treat patients only under the supervision of a physical therapist in accordance with the Physical Therapy Practice Act, Article 4.5 (beginning with Section 2655) of the Business and Professions Code.

(c) A physical therapy aide shall work only under the direct supervision of a physical therapist.

(d) There shall be physical therapists, physical therapist assistants and physical therapy aides to meet the identified needs of the patients.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72409. Physical Therapy Service Unit -Equipment.

(a) Equipment shall be sufficient to provide the physical therapy services offered. The equipment shall include but not be limited to:

(1) Parallel bars.

(2) Full view mirror.

(3) Overhead pulley and weights.

(4) Set of training stairs.

(5) Treatment table enclosed by cubicle curtains for privacy.

(6) Availability of wheelchairs, walkers, canes, crutches and other ambulation aids.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72411. Physical Therapy Service Unit -Space.

(a) Adequate space shall be maintained for the necessary equipment needed to provide physical therapy service. The minimum floor area for physical therapy service shall be 28 square meters (300 square feet), no dimension of which shall be less than 3.7 meters (12 feet).

(b) A sink shall be provided in the treatment area and shall have controls other than hand controls.

(c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode and the space shall be of sufficient size to allow for patient transfer activities.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code

s 72413. Occupational Therapy Service Unit -Services.

(a) "Occupational therapy service" means those medically prescribed services in which selected purposeful activity is used as treatment in the rehabilitation of persons with a physical or mental disability.

(b) Occupational therapy services shall include but not be limited to:

(1) Assisting the physician in an evaluation of a patient's level of function by applying diagnostic and prognostic tests.

(2) Conducting and preparing written initial and continuing assessment of the patient's condition and modifying treatment goals under the order of a physician, consistent with identified needs of the patient.

(3) Decreasing or eliminating disability during patient's initial phase of recovery following injury or illness.

(4) Increasing or maintaining a patient's capability for independence.

(5) Enhancing a patient's physical, emotional and social well-being.

(6) Developing function to a maximum level.

(7) Guiding patients in their use of therapeutic, creative and self-care activities.

(c) An occupational therapy service unit shall meet the following requirements:

(1) Patient health records shall contain pertinent information and signed orders for treatment.

(2) Notes shall be written and entered in the patient's health record after completion of each procedure. The note shall indicate the procedure(s) performed, the reaction of the patient to the procedure(s) and shall be signed by the occupational therapist.

(3) Initial and continuing assessment, development of a treatment plan and discharge summary shall be written and entered in each patient's health record.

(4) Individual progress notes shall be written and signed at least weekly by the occupational therapist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72415. Occupational Therapy Service Unit -Policies and Procedures.

(a) Each occupational therapy service unit shall have written policies and procedures for the management of the occupational therapy service.

(b) The policies and procedures shall be established and implemented by the patient care policy committee in consultation with an occupational therapist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72417. Occupational Therapy Service Unit -Staff.

(a) The occupational therapy service unit shall be under the direction of an occupational therapist.

(b) An occupational therapy assistant shall work only under the supervision of an occupational therapist.

(c) There shall be occupational therapists and occupational therapy assistants in the number to meet the identified needs of the patients.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72419. Occupational Therapy Service Unit -Equipment.

(a) Necessary equipment shall be available to provide the occupational therapy services offered. The equipment shall include but not be limited to:

(1) Supportive slings, supportive and assistive hand splints and the materials from which to fabricate these and other assistive devices.

(2) Adaptive devices to aid in the performance of daily living skills such as eating, dressing, grooming and writing, with instructions for their use.

(3) Equipment and supplies for the development of creative skills.

(4) Means and supplies for adapting equipment for reeducation in activities of daily living.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72421. Occupational Therapy Service Unit -Space.

(a) Space shall be provided for the necessary equipment needed to provide occupational therapy. The minimum floor area shall be 28 square meters (300 square feet), no dimension of which shall be less than 3.7 meters (12 feet).

(b) A sink shall be provided in the treatment area and shall have controls not requiring the use of hands.

(c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode, and the space shall be of sufficient size to allow for patient transfer activities.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 18948, Health and Safety Code.

s 72423. Speech Pathology and/or Audiology Service Unit -Services.

(a) "Speech pathology and/or audiology services" means those services referred or ordered by a physician which provide diagnostic screening and preventive and corrective therapy for persons with speech, hearing and/or language disorders.

(b) Speech pathology and/or audiology service shall include but not be limited to the following:

- (1) Conducting and preparing written initial and continuing assessment of a patient.
 - (2) Notes written and entered in the patient's health record after each treatment. The notes shall indicate the treatment performed, the reaction of the patient to the treatment, and be signed by the speech pathologist or audiologist.
 - (3) Instruction of other health team personnel and family members in methods of assisting the patient to improve or correct a speech or hearing disorder.
- (c) A speech pathology and/or audiology service unit shall meet the following requirements:

- (1) Patient health records shall contain a patient's history and signed orders for treatment.
- (2) Progress notes shall be written at least weekly and entered in the patient health record and shall be signed by the speech pathologist and/or audiologist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72425. Speech Pathology and/or Audiology Service Unit -Policies and Procedures.

- (a) Each speech pathology and/or audiology service unit shall have written policies and procedures for the management of the speech pathology and/or audiology service.
- (b) The policies and procedures shall be established and implemented by the patient care policy committee in consultation with a speech pathologist and/or audiologist.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72427. Speech Pathology and/or Audiology Service Unit -Staff.

- (a) Each speech pathology service unit shall employ a speech pathologist for a sufficient number of hours to meet the needs of the patients and requirements of Section 72469.
- (b) Each audiology service unit shall employ an audiologist for a sufficient number of hours to meet the needs of the patients and requirements of Section 72469.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72429. Speech Pathology and/or Audiology Service Unit -Equipment.

- (a) Necessary equipment shall be available to provide the speech pathology and/or audiology services offered. The equipment shall include but not be limited to:
 - (1) A diagnostic clinical audiometer.

(2) Diagnostic tests and materials.

(3) Other equipment and materials deemed necessary by the speech pathologist and/or

audiologist to meet the needs of patients. Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72431. Speech Pathology and/or Audiology Service Unit -Space. Space free of ambient noise shall be provided by the facility to produce valid test results. Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code.

COLORADO

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Part 6 - Medical Care services.

6.1 PHYSICIAN CARE.

6.1.1 The facility shall take all necessary steps to assure that upon admission, the physician provides to the facility sufficient information to validate the admission and identify the resident and a medical plan of therapy to include diet, medications, treatments, special procedures, activities, specialized rehabilitative services, if applicable, and potential for discharge.

Part 15 - Occupational, and Physical and Speech Therapy

15.1 OCCUPATIONAL THERAPY. The facility shall provide or make arrangements for referral to occupational therapy services for all residents whom a physician refers to such therapy. If the facility provides occupational therapy services directly, it shall comply with the following requirements:

15.1.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

15.1.2 Only a qualified occupational therapist, who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association or is eligible for certification by the AOTA, shall provide occupational therapy. All personnel assisting residents with occupational therapy shall be under supervision of a qualified occupational therapist.

15.1.3 Records of occupational therapy shall include the physician's referral for treatment, resident progress notes, and results of special tests and measurements.

15.1.4 The facility shall take all necessary steps to assure that therapist communicates to the facility the resident's condition and response to treatment within two weeks of initiation of treatment and every thirty days thereafter while treatment continues.

15.1.5 The facility shall provide space, appropriate equipment, and storage areas adequate for occupational therapy on all referred residents. Services shall be provided in an area readily accessible to residents. Equipment shall be properly maintained to ensure safety of residents and staff.

15.2 PHYSICAL THERAPY. The facility shall provide or make arrangements for referral to physical therapy services for all residents whom a physician refers to such therapy. If the facility provides physical therapy services directly or holds itself out through advertisement or door sign to provide such care, it shall comply with the following requirements:

15.2.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

15.2.2 Only a physical therapist who is registered by Physical Therapy Registration (Department of Regulatory Agencies) shall provide physical therapy. All personnel assisting residents with physical therapy shall be under supervision of a qualified physical therapist.

15.2.3 Records of physical therapy shall include the physician's order for treatment, resident progress notes, and results of special tests and measurements.

15.2.4 The facility shall take all necessary steps to assure that therapist communicates to the facility the resident's condition and response to treatment within two weeks of initiation of treatment and every thirty days thereafter while treatment continues.

15.2.5 The facility shall provide space, appropriate equipment, and storage areas adequate for physical therapy on all referred residents. Services shall be provided in an area readily accessible to residents. Equipment shall be properly maintained to ensure safety of residents and staff.

15.3 SPEECH THERAPY. The facility shall provide or make arrangements for referral to speech therapy services for all residents whom a physician refers to such therapy. If the facility provides speech therapy services directly or holds itself out through advertisement or door sign to provide such care, it shall comply with the following requirements:

15.3.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

15.3.2 Only a speech pathologist who is eligible for certification by the American Speech and Hearing Association or meets educational requirements thereof and is obtaining the supervised experience required for certification shall provide speech therapy. All personnel

assisting residents with speech therapy shall be under supervision of a qualified speech pathologist.

15.3.3 Records of speech therapy shall include the physician's order for treatment, resident progress notes, and results of special tests and measurements.

15.3.4 The facility shall take all necessary steps to assure that the therapist communicates to the facility the resident's condition and response to treatment within two weeks of initiation of treatment and every thirty days thereafter while treatment continues.

15.3.5 The facility shall provide space, appropriate equipment, and storage areas adequate for speech therapy on all referred residents. Services shall be provided in an area readily accessible to residents. Equipment shall be properly maintained to ensure safety of residents and staff.

CONNECTICUT

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Connecticut regulations do not include specific content for Specialized Rehabilitative Services.

DELAWARE

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6.3 Nursing Administration

6.3.1 The facility's director of nursing shall:

6.3.1.3 Coordinate nursing services with medical, therapy, dietary, pharmaceutical, recreational, and other ancillary services

DISTRICT OF COLUMBIA

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3223 REHABILITATIVE SERVICES

3223.1 Each rehabilitative service aide shall be under the supervision of a licensed therapist.

3223.2 There shall be a regularly scheduled program of in-service education programs for the rehabilitative services staff.

3223.3 Rehabilitative services shall be provided under a written plan of care which includes modality, frequency, duration, and goals of care.

3223.4 Each therapist's treatment plan and progress notes for each resident shall be signed, dated, and placed in the resident's medical record, and shall provide sufficient information so that the resident's activity can be maintained and supported by nursing employees.

3223.5 Each resident who receives therapy shall be reevaluated by his or her therapist at least every thirty (30) days and each such evaluation shall be signed by the resident's physician.

FLORIDA

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Florida regulations do not contain specific content for Specialized Rehabilitative Services.

GEORGIA

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90-5-8-.09 Physical Therapy Service.

(1) When a home has a physical therapy program, the services must be provided or directly supervised by a physical therapist.

(2) A therapy record will be kept as a part of the medical record on each patient receiving physical therapy. Information in the medical record shall include referral, diagnosis, precautions, initial physical therapy evaluation treatment plan and objectives, frequency and dates of medical reevaluations.

(3) The physical therapist shall keep progress notes on each patient including progress or lack of progress, symptoms noted, and changes in treatment plans.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; and Ga. L. 1972, p. 1015 et seq. Administrative History. Original Rule was filed on October 26, 1976; effective November 15, 1976.

HAWAII

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§11-94-29 Rehabilitative services.

(a) The facility shall provide specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each patient, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to:

(1) Preserve and improve the patient's maximal abilities for independent function;

(2) Prevent, insofar as possible, irreversible or progressive disabilities;

(3) Provide for the procurement, and maintenance of aids as needed by the patient to adapt and function within the patient's environment.

(4) Instruct facility staff or person responsible in therapy goals to meet the continuity of patient care.

(b) A written rehabilitative plan of care shall be provided which is based on the attending physician's orders and assessment of patient's needs in regard to specialized rehabilitative

procedures. It shall be incorporated in and regularly reviewed in conjunction with the overall patient care plan.

(c) Physician's orders for evaluation and treatment shall be documented on the physician's order sheet.

(d) A progress report shall be written by the therapist within fourteen days of the initiation of treatment and thereafter the patient's progress reviewed at least every thirty days.

(e) There shall be available sufficient, appropriately qualified, professional staff and supporting personnel to carry out the various treatment services in accordance with plan of care and stated goals.

(f) Treatment personnel shall be assigned responsibilities in accordance with their qualifications.

(g) Treatment services shall have adequate space, facilities, equipment, supplies and other related resources.

[Eff. May 3, 1985] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

302. SPECIALIZED REHABILITATIVE SERVICES.

In addition to rehabilitative nursing, the facility provides for or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, occupational therapy, speech pathology, and audiology) as needed by patients to improve and maintain functioning. (1-1-88)

01. Policies and Procedures. Written policies and procedures shall be developed which include, but are not limited to: (1-1-88)

a. Types of services offered; (1-1-88)

b. Responsibilities of attending physicians; (1-1-88)

c. Responsibilities of therapists; (1-1-88)

d. Care and maintenance of equipment; (1-1-88)

e. Provision that no patient shall be admitted or retained in the facility who needs a rehabilitative service if the facility cannot offer the service or arrange for the service. (1-1-88)

02. Staffing. Services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists. (1-1-88)

03. Plan of Care. Services are provided under a written plan of care which is initiated by the attending physician through a signed and dated order. (1-1-88)

a. A report of the patient's progress is communicated to the physician within two (2) weeks of the initiation of the service; (1-1-88)

b. The patient's progress is reviewed regularly and reevaluated, as necessary, but at least every thirty (30) days by the physician and therapist(s). (1-1-88)

04. Documentation of Services. The physician's orders, the plan of rehabilitative care, services rendered, evaluation of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service. (1-1-88)

ILLINOIS

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Section 300.830 Consultation Services

...d) Specific restorative services (physical therapy, occupational therapy, etc.) provided by the facility shall include consultation as set forth in Section 300.1420(a).

Section 300.1420 Specialized Rehabilitation Services

If physical therapy, occupational therapy, speech therapy or any other specialized rehabilitative service is offered, it shall be provided by, or supervised by, a qualified professional in that specialty and upon the written order of the physician. (B)

a) In addition to the provision of direct services, any such qualified professional personnel shall be used as consultants to the total restorative program and shall assist with resident evaluation, resident care planning, and in-service education.

b) Appropriate records shall be maintained by these personnel. Direct service to individual residents shall be documented on the individual clinical record as set forth in Section 300.1810(c). A summary of program consultation and recommendations as set forth in Section 300.1810(h) shall be documented.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

INDIANA

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410 IAC 16.2-3.1-23 Specialized rehabilitative services

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 23. (a) If specialized rehabilitative services, such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive care plan, the facility must:

(1) provide the required services; or

(2) obtain the required services from an outside resource from a provider of specialized rehabilitative services.

(b) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-23; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1548, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

IOWA

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481—58.22(135C) Rehabilitative services. Rehabilitative services shall be provided to maintain function or improve the resident's ability to carry out the activities of daily living.

58.22(1) Physical therapy services.

a. Each facility shall have a written agreement with a licensed physical therapist to provide physical therapy services. (II)

b. Physical therapy shall be rendered only by a physical therapist licensed to practice in the state of Iowa. All personnel assisting with the physical therapy of residents must be under the direction of a licensed physical therapist. (II, III)

c. The licensed physical therapist shall:

(1) Evaluate the resident and prepare a physical therapy treatment plan conforming to the medical orders and goals; (III)

(2) Consult with other personnel in the facility who are providing resident care and plan with them for the integration of a physical therapy treatment program into the overall health care plan; (III)

(3) Instruct the nursing personnel responsible for administering selected restorative procedures between treatments; (III)

(4) Present programs in the facility's in-service education programs. (III)

d. Treatment records in the resident's medical chart shall include:

(1) The physician's prescription for treatment; (III)

(2) An initial evaluation note by the physical therapist; (III)

(3) The physical therapy care plan defining clearly the long-term and short-term goals and outlining the current treatment program; (III)

(4) Notes of the treatments given and changes in the resident's condition; (III)

(5) A complete discharge summary to include recommendations for nursing staff and family. (III)

e. There shall be adequate facilities, space, appropriate equipment, and storage areas as are essential to the treatment or examinations of residents. (III)

58.22(2) Other rehabilitative services.

a. The facility shall arrange for specialized and supportive rehabilitative services when such services are ordered by a physician. (III) These may include audiology and occupational therapy.

b. Audiology services shall be under the direction of a person licensed in the state of Iowa by the board of speech pathology and audiology. (II, III)

c. Occupational therapy services shall be under the direction of a qualified occupational therapist who is currently registered by the American Occupational Therapy Association. (II, III)

d. The appropriate professional shall:

(1) Develop the treatment plan and administer or direct treatment in accordance with the physician's prescription and rehabilitation goals; (III)

(2) Consult with other personnel within the facility who are providing resident care and plan with them for the integration of a treatment program into the overall health care plan. (III)

KANSAS

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28-39-157. Specialized rehabilitation services.

Each nursing facility shall provide or obtain rehabilitative services for residents, including physical therapy, speech-language pathology, audiology, and occupational therapy.

(a) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the facility shall:

(1) Provide the required services; or

(2) obtain the required services from an outside resource in accordance with K.A.R. 2839-163 (h), from a provider of specialized rehabilitation services.

(b) Qualified personnel shall provide specialized rehabilitation services under the written order of a physician.

(c) The facility shall develop policies and procedures for the provision of specialized rehabilitation services.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

KENTUCKY

Downloaded January 2011

Section 12. Specialized Rehabilitative Services [nursing facilities].

A facility shall provide or obtain rehabilitative services, such as physical therapy, speech-language pathology, and occupational therapy, to every resident it admits, as indicated by the resident's comprehensive assessment.

(1) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the facility shall:

(a) Provide the required services; or

(b) Obtain the required services from an outside resource in accordance with Section 15(6)(a) and (b) of this administrative regulation,

from a provider of specialized rehabilitative services.

(2) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

LOUISIANA

Downloaded January 2011

Subchapter G. Rehabilitation Services

§9853. Delivery of Service

Rehabilitative services, when provided in the nursing home, shall be delivered in a safe and accessible area. Rehabilitation services shall be provided under the written order of the resident's attending physician. These services shall be provided by appropriately credentialed individuals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).

MAINE

Downloaded January 2011

12.E. Specialized Therapy Services

Based upon the resident's comprehensive assessment, the facility must provide or obtain specialized therapy services, i.e., physical therapy, speech/language therapy, occupational therapy, and mental health services for each resident as needed and prescribed in the plan of care.

12.E.1. Care Plan

a. Based on the resident's comprehensive assessment, these services shall be integrated into the resident's comprehensive multidisciplinary care plan, as necessary.

b. The resident's care plan, progress and continued need for specialized therapy is reevaluated as necessary, and recommendations made to the physician and the multidisciplinary team.

12.E.2. Therapists' Responsibilities

a. Specialized therapy is provided only on written orders of the physician.

b. The therapist shall evaluate each resident referred and recommend a rehabilitative treatment regimen, if appropriate.

c. The therapist, in consultation with the physician, shall initiate the therapy and reevaluate the continuing need for therapy as needed.

d. The therapist shall provide training for staff and supervise the provision of care to assure acceptable level of performance for qualified support personnel.

e. The therapist shall document each treatment and progress noted in the residents' records.

12.E.3. Space and Equipment

a. Space that shall serve the needs of the residents shall be made available for specialized therapies.

b. Equipment necessary for the provision of specialized therapy services shall be available and used as needed.

MARYLAND

Downloaded January 2011

10.07.02.14 Specialized Rehabilitative Services—Occupational Therapy Services,

Physical Therapy Services, Speech Pathology and Audiology Services.

A. Rehabilitative Services—Admission Policies. In those facilities which do not accept patients in need of specialized rehabilitative services, the minimal acceptable restorative service shall be the restorative nursing care plan designed to maintain function or improve the patient's ability to carry out the activities of daily living as set forth in Regulation .12S, above, Program of Restorative Nursing Care.

B. Arrangements for Services. If a facility's admission policies include the admission of patients requiring rehabilitative services, the facility shall provide, or arrange for under written agreement, specialized rehabilitative services by qualified personnel (such as physical therapist, speech pathologist and audiologist, and occupational therapist). Initiation of services to meet the rehabilitative needs of the patient shall occur within 48 hours (excluding Saturday and Sunday) of the physician's order for the specialized service. The patient may not be accepted for admission if at least one service could not be initiated within the 48-hour period (excluding Saturday and Sunday).

C. Policies and Procedures. Written administrative and patient care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff. Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

D. Written Plan of Care. Rehabilitative services shall be provided under a written plan of care, initiated by the attending physician, and developed in consultation with appropriate rehabilitation team members and the nursing service.

E. Physicians' Orders. Specialized rehabilitative services shall be provided only upon written orders of the attending physician. Orders shall include modalities to be used, frequency, and anticipated goals, and shall be made a part of the patient care plan. Unless medically contraindicated, the physician shall discuss with the patient or his family or sponsor the goals and the treatment program. The frequency of communications between the physician and the rehabilitation team members shall be governed by the status and changes in the patient and his medical status.

F. Progress Notes. Within 2 weeks of the referral to specialized rehabilitative services, the rehabilitation team members shall provide to the attending physician a written report of the evaluation, including goals and progress of the patient. Progress notes shall be written at least every 2 weeks.

G. Reevaluation of Patient's Progress. The physician and the rehabilitation team members shall reevaluate the patient's progress as necessary, but at least every 30 days. The physician may document on the record that his reevaluation may be less frequent but in no case may his reevaluation exceed 60 days. Appropriate action shall be taken.

H. Patient's Record. The physician's orders, the initial evaluations, the plan of rehabilitative care, goals, services rendered, evaluations of progress, and other pertinent information shall be recorded in the patient's medical record, and shall be dated and signed by the physician ordering the service and the person or persons who provided the service. The record and progress notes concerning the patient shall reflect at all times the most recent and current status of the patient, including current short-term and long-term goals.

I. Proof of Licensure. The facility shall maintain a file which includes proof of current licensure of all the rehabilitative services' personnel.

J. Job Descriptions. Current job descriptions for all rehabilitative services personnel shall be readily available in the facility.

MASSACHUSETTS

Downloaded January 2011

150.010: Restorative therapy Services: Physical Therapy, Occupational Therapy, Speech, Hearing and Language Therapy

(A) Facilities that provide Levels I, II or III care shall establish written policies and procedures governing the delivery of restorative services.

(B) Restorative Services Units shall ordinarily be permitted only in facilities that provide Level I care. Units may be permitted in facilities that provide Level II care with the written approval of the Department.

(1) Facilities that provide Level I care, shall have an organized, continuous, restorative services program.

(2) Facilities that provide Level II care shall provide meaningful availability of restorative therapy services beyond restorative and maintenance nursing care.

(3) Facilities that provide Level II or IV care should make arrangements for restorative therapy services when needed by patients or residents.

(C)(1) Direct restorative therapy services shall be provided to inpatients only upon written order of a physician, physician assistant, or nurse practitioner who shall indicate anticipated goals and frequency of treatments. Inpatient treatment shall be initiated within three days of the physician's, physician assistant's or nurse practitioner's order.

(2) The facility shall accept a patient for outpatient restorative services only on the order of a referring physician who indicates diagnosis and anticipated goals, and who is responsible for the general medical direction of such services as part of the total care of the patient and for each patient there shall be a written plan of care approved by the referring physician. The plan of care must specify the type, amount, frequency and duration of services to be provided. The plan of care and results of treatment shall be reviewed by the referring physician at least every 60 days or more often if required.

(D) All restorative therapy services shall be provided or supervised by therapists as defined in CMR 150.001: Physical Therapist, Occupational Therapist and Speech Pathologist or Audiologist.

(1) Restorative therapy services may be provided either directly by therapists employed by the facility or through written agreements with hospitals, institutions, clinics, agencies or independently practicing therapists. Therapists shall meet all the requirements set out herein, and services shall be given in accordance with the facility's policies and procedures for restorative therapy services.

(2) Restorative therapy services provided to inpatients shall be integrated with the medical nursing, dietary, social, activity and other services to promote restoration to the patient to his maximum potential, and reviewed in conjunction with other periodic reviews of the patient's condition.

(E) Staff.

(1) Facilities that provide Level I care shall provide a physical therapist and an occupational therapist, each for a minimum of eight hours per month for each unit for indirect services (such as consultation). Speech, hearing and language therapists shall be provided as needed.

(2) Facilities that provide Level II care shall provide a physical therapist and an occupational therapist, each for a minimum of four hours per month for each unit for

indirect services (such as consultation). Speech, hearing and language therapists shall be provided as needed.

(3) In addition to indirect services, therapists and supportive restorative services personnel shall be provided in sufficient numbers and with sufficient skills to provide direct services to meet patients' or residents' needs. Supportive personnel shall be appropriately supervised.

...(6) A facility that provides restorative services to outpatients shall provide an adequate number of qualified therapists and the equipment necessary to carry out its program and fulfill its objectives.

(F) Records and Reports.

(1) Indirect services provided shall be documented by a written summary available for inspection in the facility.

(2) Direct services records shall be filed in the patient's or residents clinical record (105 CMR 150.013 (D)(6)).

MICHIGAN

Downloaded January 2011

333.21712 Name of nursing home; change in name; prohibited terms; rehabilitation services.

Sec. 21712.

...(3) If a nursing home uses the term "rehabilitation center" in its name as allowed under subsection (2), the nursing home shall have the capacity to provide rehabilitation services that include, at a minimum, all of the following:

(a) Physical therapy services.

(b) Occupational therapy services.

(c) Speech therapy services.

History: Add. 1978, Act 493, Eff. Mar. 30, 1979;—Am. 2001, Act 273, Imd. Eff. Jan. 11, 2002.

Popular name: Act 368

MINNESOTA

Downloaded January 2011

4658.1200 SPECIALIZED REHABILITATIVE SERVICES.

Subpart 1. Definitions. For purposes of this part, the following terms have the meanings given them.

A. "Qualified personnel" means professional staff who are licensed, certified, or registered in accordance with applicable state laws and rules, and are educated to perform the particular service safely and competently.

B. "Specialized rehabilitative services" means restorative therapy and specialized maintenance therapy including, but not limited to, physical therapy, occupational therapy, and speech therapy.

Subp. 2. Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the nursing home must:

A. provide the required services; or

B. obtain the required services from an outside source according to part [4658.0075](#).

Subp. 3. Qualified personnel. Specialized rehabilitative services must be provided by qualified personnel under the written order of a physician or other health care practitioner authorized to prescribe.

STAT AUTH: MS s [144A.04](#); [144A.08](#)

HIST: 21 SR 196

MISSISSIPPI

Downloaded January 2011

122 REHABILITATIVE SERVICES

122.01 Rehabilitative services. Residents shall be provided rehabilitative services as needed upon the written orders of an attending physician or nurse practitioner.

1. The therapies shall be provided by a qualified therapist.
2. Appropriate equipment and supplies shall be provided.
3. Each resident's medical record shall contain written evidence that services are provided in accordance with the written orders of an attending physician or nurse practitioner.

MISSOURI

Downloaded January 2011

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

...(89) In addition to rehabilitative or restorative nursing, all facilities shall provide or make arrangements for providing rehabilitation services to all residents according to their needs. If a resident needs rehabilitation services, a qualified therapist shall perform an evaluation on written order of the resident's physician. II/III

(90) Facilities shall ensure that rehabilitation services are provided by or under the on-site supervision of a qualified therapist or a qualified therapy assistant who works under the general supervision of a qualified therapist. I/II

(91) Staff shall include the following in documentation of rehabilitation services: physician's written approval for proposed plan of care; progress notes at least every thirty (30) days by the therapist; daily record of the procedure(s) performed; summary of therapy when rehabilitation has been reached and, if applicable, recommendations for maintenance procedures by restorative nursing. III

MONTANA

Downloaded January 2011

37.40.409 SPECIALIZED REHABILITATIVE SERVICES

(1) If specialized 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 provide the required services, or obtain the required services from an outside resource from a provider of specialized rehabilitative services.

(a) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

(History: 53-6-113, MCA; IMP, 53-6-101, 53-6-113, MCA; NEW, 2004 MAR p. 1479, Eff. 7/2/04.)

Rules 37.40.410 and 37.40.411 reserved SENIOR AND LONG TERM CARE SERVICES
37.40.412

37.40.330 SEPARATELY BILLABLE ITEMS

...(4) Physical, occupational, and speech therapies which are not nursing facility services may be billed separately by the licensed therapist providing the service, subject to department rules applicable to physical therapy, occupational therapy, and speech therapy services.

(a) Maintenance therapy and rehabilitation services within the definition of nursing facility services in ARM 37.40.302, are reimbursed under the per diem rate and may not be billed separately by either the therapist or the provider.

(b) If the therapist is employed by or under contract with the provider, the provider must bill for services which are not nursing facility services under a separate therapy provider number.

37.40.110 SERVICES FURNISHED

The following sections list those services commonly furnished by nursing personnel in skilled nursing homes and their usual skill classification. Any generally non-skilled service could, because of special medical complications in an individual case, require skilled performance, supervision or observation. However, the complications and special services involved should be documented by nursing notes and/or physician orders with progress notes. These records should include the observations made of physical findings, new

developments in the course of the disease, the carrying out of details of treatment prescribed, and the results of the treatment.

(11) Physical therapy, one aspect of restorative care, consists of the application of a complex and sophisticated group of physical modalities and therapeutic services. Physical therapy, therefore, is a skilled service. However, a provision of physical therapy only would not justify a finding that the patient requires skilled care. In some situations, however, a patient whose primary need is for physical therapy will also require sufficient skilled nursing to meet the definition of skilled care. The need for such supportive skilled nursing on a continuing basis may be presumed when all four of the following conditions are met.

(a) The therapy is directed by the physician who determines the need for therapy, the capacity and tolerance of the patient, and the treatment objectives.

(b) The physician, in consultation with the therapist, prescribes the specific modalities to be used and frequency of therapy services.

(c) The therapy is rendered by or under the supervision of a physical therapist who meets the qualifications established by regulations; when the qualified therapist is the supervisor, he is available and on the premises of the facility while the therapy is being given, he makes regular and frequent evaluations of the patient, records findings on the patient's chart, and communicates with the physician as indicated.

(d) The therapy is actively concerned with restoration of a lost or impaired function. For example, frequent physical therapy treatments in connection with a fractured back or hip or a CVA can be presumed to be directed toward restoration of lost or impaired function during the early phase --when physical therapy can be presumed to be effective. However, when the condition has stabilized, the presumption that continuing supportive skilled nursing services are required is no longer valid. Such cases must be evaluated in relation to the specific amount of skilled nursing attention required in the individual case as evidenced by physician orders and nursing notes. The routine ambulation and/or transfer of patients is not a skilled service.

(History: Sec. 53-6-113, MCA; IMP, Sec. 53-6-113, MCA; NEW, Eff. 1/3/77; TRANS, from SRS, 2000 MAR p. 489.)

NEBRASKA

Downloaded January 2011

12-006.13 Specialized Rehabilitative Services. All nursing facilities and skilled nursing facilities must provide specialized rehabilitative services as ordered by the medical practitioner and identified in the resident's comprehensive plan of care. The specialized rehabilitative services must be designed to maintain and improve the resident's ability to function independently, to prevent, as much as possible, advancement of progressive disabilities, and to restore maximum function, independence and self-determination.

NEVADA

Downloaded January 2011

NAC 449.74527 Specialized rehabilitative services. (NRS 449.037)

1. A facility for skilled nursing shall provide to a patient in the facility, according to his plan of care, specialized rehabilitative services, including, without limitation, physical therapy, speech pathology, occupational therapy and services for mental illness and mental retardation. Such services must be provided by the facility or obtained from qualified outside sources pursuant to NAC 449.74521.
2. Specialized rehabilitative services may be provided to a patient in a facility only upon the written order of a physician.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NEW HAMPSHIRE

Downloaded January 2011

New Hampshire regulations do not contain specific content for Specialized Rehabilitative Services.

NEW JERSEY

Downloaded January 2011

8:39-37.1 Mandatory policies and procedures for rehabilitation

- (a) Orders from physicians or from advanced practice nurses, to the extent allowable by applicable laws, for speech therapy, physical therapy, occupational therapy, and audiology services shall include specific modalities and the frequency of treatment, and shall be entered into the resident's medical record.

(b) Orders from physicians or from advanced practice nurses, to the extent allowable by applicable laws, for medically appropriate speech therapy, physical therapy, occupational therapy and audiology services shall be properly followed, and the results of these services shall be entered into the resident's medical record.

8:39-37.2 Mandatory rehabilitation staff qualifications

(a) Speech therapy and audiology services shall be provided by a speech-language pathologist who holds a current New Jersey license issued by the Audiology and Speech-Language Pathology Advisory Committee, Division of Consumer Affairs of the New Jersey State Department of Law and Public Safety.

(b) Physical therapy shall be provided by a physical therapist licensed by the New Jersey State Board of Physical Therapy, or by a licensed physical therapy assistant under the direction of a licensed physical therapist, in accordance with N.J.S.A. 45:9-37.1.

(c) Occupational therapy shall be provided by an occupational therapist who is licensed by the New Jersey Occupational Therapy Advisory Council, or by a licensed occupational therapy assistant under the direction of a licensed occupational therapist, in accordance with N.J.S.A. 45:9-37.51.

8:39-37.3 Mandatory rehabilitation staffing amounts and availability

Speech-language pathology evaluation, physical therapy evaluation, occupational therapy evaluation, and audiology evaluation shall take place within 72 hours of the original physician or advanced practice nurse order, excluding weekends.

8:39-37.4 Mandatory rehabilitation supplies and equipment

(a) Space for rehabilitation therapy shall be provided in the facility. If space is unavailable, arrangements shall be made for transportation or transfer of residents who require rehabilitation therapy services.

(b) Visual privacy and provisions for auditory privacy shall be provided for residents during evaluation and rehabilitation treatment, when clinically indicated.

(c) If the facility provides physical therapy on-site, physical therapy equipment available to the residents shall include at least parallel bars, stairs, mats, and padded tables.

8:39-38.1 Advisory rehabilitation staff qualifications

Speech therapy and audiology services are provided by individuals who hold a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association.

8:39-38.2 Advisory rehabilitation space and environment

The facility has an examination and treatment room for rehabilitation therapy.

8:39-38.3 Advisory rehabilitation supplies and equipment

(a) In addition to parallel bars and stairs, physical therapy equipment available to residents includes a whirlpool for hydrotherapy and ultrasound.

(b) The occupational therapy program provides individually designed adaptive equipment as needed to enhance residents' independence.

NEW MEXICO

Downloaded January 2011

7.9.2.42 INDIVIDUAL CARE

...C. REHABILITATIVE MEASURES: Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

7.9.2.55 REHABILITATIVE SERVICES: Each facility shall either provide or arrange for, under written agreement, specialized rehabilitative services as needed by residents to improve and maintain functioning.

A. CONFORMITY WITH ORDERS AND PLAN: Rehabilitative services shall be administered under a written plan of care that is developed in consultation with the attending physician and the therapist(s). The plan of care will be based on physician orders and assessment by the therapist(s).

B. REPORT TO PHYSICIAN: Within two (2) weeks of the initiation of rehabilitative treatment, a report of the resident's progress shall be made to the physician.

C. REVIEW OF PLAN: Rehabilitative services shall be reevaluated at least quarterly by the physician and therapists, and the plan of care updated as necessary.

[5-2-89; 7.9.2.54 NMAC – Rn, 7 NMAC 9.2.55, 8-31-00]

7.9.2.56 SPECIALIZED SERVICES-QUALIFICATIONS:

A. PHYSICAL THERAPY: Physical therapy shall be given or supervised only by a licensed physical therapist.

B. SPEECH AND HEARING THERAPY:

(1) Speech and hearing therapy shall be given or supervised only by a therapist who is licensed under the New Mexico Speech-Language and Pathology and Audiology Act, (Sections 61-14B-1 through 61-14B-16 NMSA 1978).

(2) Meets the educational standards, and is in the process of acquiring the supervised experience required for the certification of Speech-Language Pathologists.

C. OCCUPATIONAL THERAPY: Occupational therapy shall be given or supervised only by a therapist who meets the standard for registration as an occupational therapist of the American Occupational Therapy Association.

D. EQUIPMENT: Equipment necessary for the provision of therapies required by the residents shall be available and used as needed.

[5-2-89; 7.9.2.56 NMAC – Rn, 7 NMAC 9.2.56, 8-31-00]

NEW YORK

Downloaded January 2011

Effective Date: 04/03/91

Title: Section 415.16 - Rehabilitative services

415.16 Rehabilitative services. Facilities shall provide or obtain rehabilitative services such as audiology, speech therapy, speech-language pathology, and occupational therapy for every resident it admits in accordance with the resident's comprehensive plan of care to obtain or maintain the highest practicable physical well-being in accordance with generally accepted standards of rehabilitative care and services.

(a) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the facility shall:

(1) provide the required services; or

(2) obtain the required services from an outside resource, in accordance with Section 400.4 of this Title, who is a provider of specialized rehabilitative services.

(b) Qualifications. Specialized rehabilitative services shall be provided by qualified personnel pursuant to the written order of a physician.

(c) Organization. The facility shall designate an occupational therapist, physical therapist and speech-pathologist to assist the facility in the development and implementation, in cooperation with nursing and medical services, of written policies and procedures for

rehabilitative services within the facility which:

(1) establish restorative and maintenance rehabilitation as components of inter-disciplinary resident care planning and treatment;

(2) establish a system of determining rehabilitative goals for each resident based on the resident's need relative to his or her physical and mental level of functioning, the overall plan of care for the resident and the resident preferences. These treatment goals shall range on a continuum, progressing from all specialized restorative rehabilitative services to routine maintenance rehabilitation; and

(3) establish a system to monitor the maintenance of optimum levels of functioning for those residents who have been discharged from a formal rehabilitative program and who are on a maintenance program primarily provided by nursing staff on the floor.

Volume: C

NORTH CAROLINA

Downloaded January 2011

SECTION .3000 - SPECIALLY DESIGNED UNITS

10A NCAC 13D .3001 SPECIALIZED REHABILITATIVE AND HABILITATIVE SERVICES

Specialized rehabilitative and habilitative services, such as physical therapy, occupational therapy and speech therapy, are not required as a condition of licensure. Patients requiring such services, however, shall not be admitted or retained in a facility unless the facility is capable of furnishing the needed services. If specialized rehabilitative services are provided:

(1) The facility shall provide or obtain from an outside resource specialized rehabilitative services as required by the patient's comprehensive plan of care.

(2)n Specialized rehabilitative services shall be ordered by the physician and provided by a licensed or certified, professional therapist in the area of assignment.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .3002 QUALITY OF SPECIALIZED REHABILITATION SERVICES

(a) While the person supervising specialized rehabilitative services shall be a licensed or certified professional therapist, all other support personnel shall be trained in the area of assignment and directly supervised by the therapist in the area of assignment.

(b) Services provided through outside resources shall be carried out through, and in accordance with, written agreements.

(c) Services shall be designed to maintain and improve the patient's ability to function independently, prevent as much as possible the advancement of progressive disabilities, and restore maximum function.

(d) If nursing staff carry out selected therapy procedures, they shall do so under the supervision of the physical or occupational therapist and only after documented training and approval by the therapist. This is not to prohibit simple restorative measures by the nursing staff.

History Note: Authority G.S. 131E-104; RRC objection due to lack of statutory authority Eff. July 13, 1995; Eff. January 1, 1996.

NORTH DAKOTA

Downloaded January 2011

33-07-03.2-22. Specialized rehabilitative services. Specialized rehabilitative services shall, at a minimum, include physical therapy, speech and language pathology, occupational therapy, and health services for mental illness and mental retardation and shall:

1. Be provided upon a written order of a licensed health care practitioner, who shall be responsible for the general medical direction of such services as part of the total care of the resident.
2. Be provided directly by facility staff or obtained through contract with outside resources.

History: Effective July 1, 1996.

General Authority: NDCC 23-01-03, 28-32-02

Law Implemented: NDCC 23-16-01, 28-32-02

OHIO

Downloaded January 2011

Ohio regulations do not contain specific content for Specialized Rehabilitative Services.

OKLAHOMA

Downloaded January 2011

310:675-9-3.1. Rehabilitative or restorative nursing services

(a) Rehabilitative services promote restoration of the resident's maximum potential. Rehabilitative services shall be provided or obtained by the facility or an outside source according to the resident assessment. An evaluation shall address the residents' rehabilitative needs, on admission, annually, and as the resident's condition indicates. Rehabilitative services shall be ordered by the physician, and provided under the direction of licensed or qualified staff. These services shall include, but not be limited to, the following:

- (1) Physical therapy.
- (2) Speech therapy.
- (3) Audiology.
- (4) Occupational therapy.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

OREGON

Downloaded January 2011

411-070-0091 Complex Medical Add-On Services

(1) LICENSED NURSING SERVICES. If a Medicaid resident qualifies for payment at the basic rate and if the resident's condition or service needs are determined to meet one or more of the procedures, routines or services listed in sections (1)(a) to (2) of this rule, and the nursing facility maintains documentation per OAR 411-070-0027, SPD may pay a complex medical add-on payment (in addition to the basic rate) for the additional licensed nursing services needed to meet the resident's increased needs.

...(2) R-1 -- REHABILITATION SERVICES.

(a) Physical Therapy --At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(b) Speech Therapy --At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(c) Occupational Therapy --At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(d) Any combination of physical therapy, occupational therapy and speech therapy at least five days every week qualifies. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(e) Respiratory Therapy --At least five days every week by respiratory therapist. These services must be authorized by Medicare, Medicaid Oregon Health Plan or a third party payor. The facility must maintain the therapist's notes and a weekly nursing progress note.

Stat. Auth.: ORS 410.070 Stats. Implemented: ORS 410.070 & 414.065 Hist.: SSD 1-1997, f. 6-30-97, cert. ef. 7-1-97; SDDS 5-1998, f. 6-25-98, cert. ef. 7-1-98; SPD 9-2006, f. 1-26-06, cert. ef. 2-1-06; SPD 15-2007(Temp), f. & cert. ef. 9-10-07 thru 3-8-08; SPD 2-2008, f. 2-29-08, cert. ef. 3-1-08

411-086-0220 Rehabilitative Services

(Effective 10/01/1990)

(1) REHABILITATION PROGRAM. The facility shall provide rehabilitative services, when applicable, which reestablishes and maintains to the greatest extent practical the functional abilities of residents. The facility shall have written policies governing the provision and documentation of rehabilitative services pursuant to OAR 411-085-0210.

(2) DIRECTOR. The Director of Nursing Services or his/her designee shall ensure the development and implementation of an effective rehabilitation services program when applicable.

(3) STAFFING. When a resident requires rehabilitative services, the services shall be ordered by the attending physician and provided or supervised by personnel qualified under state law to provide that service.

(4) REHABILITATION PLAN. Each resident shall have a rehabilitation plan based on an assessment of resident's needs and delivered in accordance with the resident care plan.

(a) The rehabilitation plan shall be implemented within seven days of admission.

(b) The rehabilitation plan shall be reviewed and updated as frequently as the resident's condition changes, but no less often than quarterly.

(5) DOCUMENTATION. All rehabilitative services provided and results of those services shall be clearly documented in the resident's clinical record. Progress notes relevant to the plan shall be documented in the resident's clinical record as frequently as the resident's condition or ability changes, but no less often than quarterly.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

PENNSYLVANIA

Downloaded January 2011

Pennsylvania regulations do not contain specific content for Specialized Rehabilitative Services.

RHODE ISLAND

Downloaded January 2011

Rehabilitation Special Care Unit and Subacute Special Care Unit:

26.2 Any facility that provides or offers to provide care for patients or residents by means of a Rehabilitation Special Care Unit or a Subacute Special Care Unit shall be required to disclose to the licensing agency and to any person seeking placement in a Rehabilitation Special Care Unit or a Special Care Unit of a nursing facility the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.

26.2.1 The information disclosed shall be on a form prescribed by the Department.

26.2.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein.

26.2.3 Any significant changes in the information provided by the nursing facility shall be reported to the licensing agency at the time the changes are made.

Section 32.0 *Specialized Rehabilitative Services*

32.1 Each facility shall provide directly or per written agreement with outside providers specialized rehabilitative and supportive services as needed by residents to improve, restore or maintain functioning.

a) Residents shall not be admitted or retained in a facility not providing either directly or per contractual arrangement, those rehabilitative or other specialized services required to meet individual medical care needs of residents.

32.2 The specialized rehabilitative services, which include physical therapy, speech pathology, audiology and occupational therapy shall be provided per written order of the attending physician and in accordance with accepted professional practice by licensed therapists or assistants.

32.3 Written administrative and resident care policies and procedures shall be developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative and professional staff.

32.4 Rehabilitative services shall be provided under a written plan of care initiated by the attending physician and developed in consultation with appropriate therapist(s) and nursing personnel.

32.5 Entries of all rehabilitative or supportive services rendered, including evaluation of progress and other pertinent information, shall be recorded in the resident's medical record and signed by personnel rendering the service(s).

32.6 Safe and adequate space and equipment shall be available commensurate with the scope of services provided.

SOUTH CAROLINA

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1010. Other Services to Residents

Other services, such as physical therapy, occupational therapy, and speech therapy, if offered as a service of the facility, shall be on orders of a physician or other legally authorized healthcare provider and administered and/or furnished by legally authorized healthcare providers. If offered, space and equipment shall be provided to accommodate the service(s).

SOUTH DAKOTA

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44:04:12:06. Rehabilitation services in nursing facilities. A nursing facility must provide rehabilitation services based on the needs of residents as identified in the comprehensive resident assessment specified in §§ 44:04:06:15 and 44:04:06:16.

Source: 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

TENNESSEE

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1200-8-6-.06 BASIC SERVICES.

...(11) Physical, Occupational and Speech Therapy Services.

(a) Physical therapy, occupational therapy and speech therapy shall be provided directly or through contractual agreement by individuals who meet the qualifications specified by nursing home policy, consistent with state law.

(b) A licensed physical therapist shall be in charge of the physical therapy service and a licensed occupational therapist shall be in charge of the occupational therapy service.

(c) Direct contact shall exist between the resident and the therapist for those residents that require treatment ordered by a physician.

(d) The physical therapist and occupational therapist, pursuant to a physician order, shall provide treatment and training designed to preserve and improve abilities for independent functions, such as: range of motion, strength, tolerance, coordination and activities of daily living.

(e) Therapy services shall be coordinated with the nursing service and made a part of the resident care plan.

(f) Sufficient staff shall be made available to provide the service offered.

RULE §19.1301

Provision of Rehabilitative Services

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

(1) provide the required services; or

(2) obtain the required services from an outside resource, in accordance with §19.1906 of this title (relating to Use of Outside Resources), from a provider of specialized rehabilitative services.

(b) Rehabilitative services. The facility must ensure that rehabilitative services are provided under a written plan of treatment based on the physician's diagnosis and orders, and that services are documented in the resident's clinical record.

Source Note: The provisions of this §19.1301 adopted to be effective May 1, 1995, 20 TexReg 2393.

RULE §19.1302 Qualifications

Rehabilitative services must be provided under the written order of a physician by qualified personnel.

(1) A qualified therapist is:

(A) a speech-language pathologist who:

(i) is a Texas licensed speech-language pathologist; or

(ii) meets the educational requirements for license and has accumulated, or is in the process of accumulating, the supervised professional experience (the internship) required for license;

(B) an audiologist who:

(i) is a Texas-licensed audiologist; or

(ii) meets the educational requirements for license and has accumulated, or is in the process of accumulating, the supervised professional experience (the internship) required for license;

(C) an occupational therapist (a qualified consultant) who is currently licensed by the Texas Board of Occupational Therapy Examiners;

(D) an occupational therapy assistant who is currently licensed by the Texas State Board of Occupational Therapy Examiners;

(E) a physical therapist who is currently licensed as a physical therapist by the Texas State Board of Physical Therapy Examiners; or

(F) a physical therapist assistant who is licensed as a physical therapist assistant by the Texas State Board of Physical Therapy Examiners.

(2) A physical therapy aide is a person who assists in the practice of physical therapy and whose activities require on-the-job training and on-site supervision by a physical therapist or physical therapist assistant. A physical therapy aide is not a certified corrective therapist or an adaptive or corrective physical education specialist.

Source Note: The provisions of this §19.1302 adopted to be effective May 1, 1995, 20 TexReg 2393.

RULE §19.1303 Specialized Services in Medicaid-certified Facilities

Specialized Services are physical, occupational, and speech therapy evaluations and services provided to eligible Medicaid recipients identified by the Preadmission Screening and Resident Review (PASARR) team.

Source Note: The provisions of this §19.1303 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective November 1, 2002, 27 TexReg 9387

RULE §19.1304 Rehabilitative Services in Medicaid-certified Facilities

(a) Rehabilitative Services are physical therapy, occupational therapy, and speech therapy services for Medicaid nursing facility residents who are not eligible for Medicare or other

insurance. The cost of therapy services for residents with Medicare or other insurance coverage or both must be billed to Medicare or other insurance or both.

(b) Coverage for physical therapy, occupational therapy, or speech therapy services includes evaluation and treatment of functions that have been impaired by illness. Rehabilitative services must be provided with the expectation that the resident's functioning will improve measurably in 30 days.

Source Note: The provisions of this §19.1304 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective November 1, 2002, 27 TexReg 9387.

RULE §19.1306 Payment for Specialized and Rehabilitative Services

(a) DADS reimburses a nursing facility for specialized and rehabilitative services based on fees determined by the Health and Human Services Commission in accordance with 1 TAC §355.313 (relating to Reimbursement Methodology for Specialized and Rehabilitative Services).

(b) The services must:

be ordered by the attending physician; and

except as provided in subsection (c)(1) of this section, be pre-certified by DADS.

(c) A session is one physical, occupational, or speech therapy service performed for one resident. An evaluation is reimbursed at the same rate as a session.

(1) One evaluation is reimbursed without being pre-certified by DADS.

(2) An additional evaluation must be supported by the attending physician's documentation that indicates a new illness or injury, or a substantive change in a pre-existing condition.

(d) A complete and accurate claim for services must be received by DADS within 12 months after the last day services are provided in accordance with a single pre-certification by DADS.

(e) A claim rejected during the 12-month period through no fault of the provider may be reimbursed upon approval by DADS.

(f) A resident whose request for pre-certification of Medicaid rehabilitative or specialized services is denied is entitled to a fair hearing in accordance with rules of HHSC regarding Medicaid fair hearings. A request for a fair hearing must be made to: Texas Department of Aging and Disability Services, Attn: Rehabilitative Services,

P.O. Box 149030 (MC W-400), Austin, Texas 78714-9030. The request must be received by DADS within 90 days after the date the notice of action is mailed to the resident.

Source Note: The provisions of this §19.1306 adopted to be effective November 1, 2002, 27 TexReg 9387; amended to be effective February 1, 2008, 33 TexReg 761

UTAH

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R432-150-5. Scope of Services.

...(2) A skilled level of care facility must provide 24-hour licensed nursing services.

... (d) A skilled level of care facility shall provide services to residents that preserve current capabilities and prevent further deterioration including the following:

... (iii) physical therapy;

(e) The facility shall provide the following services as required by the resident care plan:

(i) respiratory therapy,

(ii) occupational therapy, and

(iii) speech therapy.

[R432-150-23. Ancillary Health Services.](#)

(1) If the nursing care facility provides its own radiology services, these facility must comply with R432-100-21, Radiology Services, in the General Acute Hospital Rule.

(2) A facility that provides specialized rehabilitative services may offer these services either directly or through agreements with outside agencies or qualified therapists. If provided, these services must meet the needs of the residents.

(a) The facility must provide space and equipment for specialized rehabilitative services in accordance with the needs of the residents.

(b) Specialized rehabilitative services may only be provided by therapists licensed in accordance with Utah law.

(c) All therapy assistants must work under the direct supervision of the licensed therapist at all times.

(d) Speech pathologists must have a "Certificate of Clinical Compliance" from the American Speech and Hearing Association.

(e) Specialized rehabilitative services may be provided only if ordered by the attending physician.

(i) The plan of treatment must be initiated by an attending physician and developed by the therapist in consultation with the nursing staff.

(ii) An initial progress report must be submitted to the attending physician two weeks after treatment is begun or as specified by the physician.

(iii) The physician and therapist must review and evaluate the plan of treatment monthly unless the physician recommends an alternate schedule in writing.

(f) The facility must document the delivery of rehabilitative services in the resident record.

R432-200-27. Specialized Rehabilitative Services. [small health care facilities]

(1) Organization.

(a) A facility that provides specialized rehabilitative services may offer these services directly or through agreements with outside agencies or qualified therapists.

(b) Services may be offered either on-site or off-site.

(c) If the facility does not provide specialized rehabilitative services, the facility shall neither admit nor retain residents in need of such services.

(2) Personnel.

(a) Specialized rehabilitative services shall be provided by qualified licensed therapists in accordance with Utah law and accepted practices.

(b) Therapists shall offer the full scope of services to the resident.

(c) All therapy assistants shall be qualified and shall work under the direct supervision of a licensed therapist at all times.

(d) Speech pathologists shall be licensed under Title 58, Chapter 41.

(3) Policies and Procedures.

(a) Services shall be provided only on the written order of an attending physician.

(b) Safe and adequate space and equipment shall be available commensurate with the needs of residents.

(c) An appropriate plan of treatment shall be initiated by an attending physician and developed by the therapist in consultation with the nursing staff.

(d) An initial progress report shall be submitted to the attending physician two weeks after treatment has begun or when specified by the physician.

(e) The physician and therapist shall review and evaluate the plan of treatment monthly, unless, the physician recommends an alternate schedule in writing.

(f) There shall be documentation in the resident's record of the specialized plan of treatment.

VERMONT

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7.16 Specialized Rehabilitative Services

(a) Provision of Services. If specialized 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:

(1) provide the required services; or

(2) obtain the required services from an outside resource (in accordance with subsection 11.2) from a provider of specialized rehabilitative services.

(b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

VIRGINIA

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12VAC5-371-290. Special rehabilitative services.

A. The nursing facility shall provide, or arrange for under written agreement, specialized rehabilitative services, such as physical therapy, speech-language pathology services and occupational therapy.

B. Specialized rehabilitative services shall be provided in accordance with accepted standards of practice by qualified therapists, or by trained assistants under the supervision of a licensed or certified therapist.

C. Rehabilitative services shall be authorized by the attending physician and a written plan of care developed in consultation with the appropriate therapist.

WASHINGTON

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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.]

WEST VIRGINIA

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8.17. Specialized Rehabilitative Services.

8.17.a. Provision of services. If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and psychological or psychiatric rehabilitative services, are required in the resident's comprehensive plan of care, a nursing home shall:

8.17.a.1. Provide the required services; or

8.17.a.2. Obtain the required services from an outside resource, in accordance with Subsection 11.4 of this rule, from a provider of specialized rehabilitative services. 8.17.b. Qualifications. Specialized rehabilitative services shall be provided under the written order of a physician by qualified personnel as determined by licensing boards of those personnel.

WISCONSIN

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HFS 132.64 Rehabilitative services.

(1) PROVISION OF SERVICES. Each facility shall either provide or arrange for, under written agreement, specialized rehabilitative services as needed by residents to improve and maintain functioning.

(2) SERVICE PLANS AND RESTRICTIONS.

(a) Conformity with orders and plan. Rehabilitative services shall be administered as ordered by the physician and substantially in conformance with the plan of care required by s. HFS 132.60 (8).

(b) Report to physician. Within 2 weeks of the initiation of rehabilitative treatment, a report of the resident's progress shall be made to the physician.

(c) Review of plan. Rehabilitative services shall be re-evaluated at least quarterly by the physician and therapists, and the plan of care updated as necessary.

(3) SPECIALIZED SERVICES — QUALIFICATIONS. (a) Physical therapy. Physical therapy shall be given or supervised only by a physical therapist.

(b) Speech and hearing therapy. Speech and hearing therapy shall be given or supervised only by a therapist who:

1. Meets the standards for a certificate of clinical competence granted by the American speech and hearing association; or

2. Meets the educational standards, and is in the process of acquiring the supervised experience required for the certification of subd. 1.

(c) Occupational therapy. Occupational therapy shall be given or supervised only by a therapist who meets the standards for registration as an occupational therapist of the American occupational therapy association.

(d) Equipment. Equipment necessary for the provision of therapies required by the residents shall be available and used as needed.

Note: For record requirement, see s. HFS 132.45.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

WYOMING

Downloaded January 2011

Section 5. Organization and Administration.

(c) Resident Care Policies. The Nursing Care Facility shall have written policies to govern nursing care and related medical or other services provided.

...(vi) Policies shall state if specialized rehabilitative services are provided by or available in the facility. Residents who require rehabilitative services not offered by the facility shall not be admitted.

(A) Specialized rehabilitative services include physical therapy, speech and hearing therapy and occupational therapy.

Section 12. Specialized Rehabilitative Services. Facilities admitting patients in need of specialized rehabilitative services shall provide such services by qualified personnel.

- (a) Rehabilitative care initiated in the hospital shall be continued immediately upon admission to the facility.
- (b) The facility that does not employ qualified personnel to provide a specialized service shall have a written agreement with the outside resource.
- (c) Facilities that do not provide specialized rehabilitative services shall not admit or retain residents in need of specialized rehabilitative services.
- (d) A report on the resident's progress shall be communicated to the attending physician within two (2) weeks of the initiation of the specialized rehabilitative service.
- (e) The resident's progress shall be reviewed regularly thereafter and the plan of rehabilitative care shall be reevaluated at least every thirty (30) days by the physician and therapist.
- (f) Safe and adequate space and equipment shall be available if the facility provides specialized rehabilitative services.

FEDERAL REGULATIONS

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§ 483.45 Specialized rehabilitative services.

(a) *Provision of services.* If specialized 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—

(1) Provide the required services; or

(2) Obtain the required services from an outside resource (in accordance with § 483.75(h) of this part) from a provider of specialized rehabilitative services.

(b) *Qualifications.* Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

[56 FR 48875, Sept. 26, 1991, as amended at 57 FR 43925, Sept. 23, 1992]