§483.45(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.

Intent: §483.45(a)(1)(2)

The intent of this regulation is to assure that residents receive necessary specialized rehabilitative services as determined by the comprehensive assessment and care plan, to prevent avoidable physical and mental deterioration and to assist them in obtaining or maintaining their highest practicable level of functional and psycho-social well-being.

“Specialized rehabilitative services” are differentiated from restorative services which are provided by nursing staff. Specialized rehabilitative services are provided by or coordinated by qualified personnel.

Specialized rehabilitative services are considered a facility service and are, thus, included within the scope of facility services. They must be provided by or coordinated by qualified personnel. They must be provided to residents who need them even when the services are not specifically enumerated in the State plan. No fee can be charged a Medicaid recipient for specialized rehabilitative services because they are covered facility services.

A facility is not obligated to provide specialized rehabilitative services if it does not have residents who require these services. If a resident develops a need for these services after admission, the facility must either provide the services, or, where appropriate, obtain the services from an outside resource.

For a resident with MI or MR to have his or her specialized needs met, the individual must receive all services necessary to assist the individual in maintaining or achieving as much independence and self-determination as possible. They are:

“Specialized services for MI or MR” refers to those services to be provided by the State which can only be delivered by personnel or programs other than those of the NF (e.g., outside the NF setting), because the overall level of NF services is not as intense as necessary to meet the individual’s needs.

The Preadmission Screening and Annual Resident Review (PASARR) report indicates specialized services required by the resident. The State is required to list those services in the report, as well as provide or arrange for the provision of the services. If the State determines that the resident does not require specialized services, the facility is responsible to provide all services necessary to meet the resident’s mental health or mental retardation needs.

“Mental health rehabilitative services for MI and MR” refers to those services of lesser frequency or intensity to be implemented by all levels of nursing facility staff who come into contact with the resident who is mentally ill or who has mental retardation. These services are necessary regardless of whether or not they are required to be subject to the PASARR process and whether or not they require additional services to be provided or arranged for by the State as specialized services.
The facility should provide interventions which complement, reinforce and are consistent with any specialized services (as defined by the resident’s PASARR) the individual is receiving or is required to receive by the State. The individual’s plan of care should specify how the facility will integrate relevant activities throughout all hours of the individual’s day at the NF to achieve this consistency and enhancement of PASARR goals. The surveyor should see competent interaction by staff at all times, in both formal and informal settings in accordance with the individual’s needs.

Mental health rehabilitative services for MI and MR may include, but are not limited to:
• Consistent implementation during the resident’s daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors;
• Drug therapy and monitoring of the effectiveness and side effects of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;
• Provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);
• Development, maintenance and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skills, health, drug therapy, mental health education, money management, and maintenance of the living environment;
• Crisis intervention service;
• Individual, group, and family psychotherapy;
• Development of appropriate personal support networks; and
• Formal behavior modification programs.

Procedures: §483.45(a)(1)(2)
For sampled residents, whose comprehensive assessment indicates physical, psychosocial, and/or communications rehabilitation potential (Refer to appropriate sections of the MDS, as applicable), observe for unmet needs for rehabilitative services. Determine the extent of follow through with comprehensive care plan using probes outlined below. Verify from the chart that resident is receiving frequency and type of therapy as outlined in the care plan.

Probes: §483.45(a)(1)(2)

1. For physical therapy
   a. What did the facility do to improve the resident’s muscle strength? The resident’s balance?
   b. What did the facility do to determine if as assistive device would enable the resident to reach or maintain his/her highest practicable level of physical function?
   c. If the resident has an assistive device, is he/she encouraged to use it on a regular basis?
   d. What did the facility do to increase the amount of physical activity the resident could do (for example, the number of repetitions of an exercise, the distance walked)?
   e. What did the facility do to prevent or minimize contractures, which could lead to decreased mobility and increased risk of pressure ulcer occurrence?

2. For occupational therapy
   a. What did the facility do to decrease the amount of assistance needed to perform a task?
   b. What did the facility do to decrease behavioral symptoms?
   c. What did the facility do to improve gross and fine motor coordination?
   d. What did the facility do to improve sensory awareness, visual-spatial awareness, and body integration?
e. What did the facility do to improve memory, problem solving, attention span, and the ability to recognize safety hazards?

3. For speech-language pathology.
   a. What did the facility do to improve auditory comprehension such as understanding common, functional words, concepts of time and place, and conversation?
   b. What did the facility do to improve speech production?
   c. What did the facility do to improve the expressive behavior such as the ability to name common, functional items?
   d. What did the facility do to improve the functional abilities of residents with moderate to severe hearing loss who have received and audiologic evaluation? For example, did the facility instruct the resident how to effectively and independently use environmental controls to compensate for hearing loss such as eye contact, preferential seating, use of the better ear?
   e. For the resident who cannot speak, did the facility assess for a communication board or an alternate means of communication?

4. For health rehabilitative services for MI and MR
   a. What did the facility do to decrease incidents of inappropriate behaviors, for individuals with MR, or behavioral symptoms for persons with MI? To increase appropriate behavior?
   b. What did the facility do to identify and treat the underlying factors behind tendencies toward isolation and withdrawal?
   c. What did the facility do to develop and maintain necessary daily living skills?
   d. How has the facility modified the training strategies it uses with its residents to account for the special learning needs of its residents with MI or MR?
   e. Questions to ask individuals with MI or MR:
      (1) Who do you talk to when you have a problem or need something?
      (2) What do you do when you feel happy? Feel sad? Can’t sleep at night?
      (3) In what activities are you involved, and how often?

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§483.45(b) Qualifications

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

Intent: §485.45(b)

The intent of this regulation is to assure that the rehabilitative services are medically necessary as prescribed by a physician and provided by qualified personnel to maximize potential outcomes. Specialized rehabilitative services are provided for individual’s under a physician’s order by a qualified professional. Once the assessment for specialized rehabilitative services is completed, a care plan must be developed, followed, and monitored by a licensed professional. Once a resident has met his or her care plan goals, a licensed professional can either discontinue treatment or initiate a maintenance program which either nursing or restorative sides will follow to maintain functional and physical status.

Interpretive Guidelines: §483.45(b)

“Qualified personnel” means that professional staff are licensed, certified or registered to provide specialized therapy/rehabilitative services in accordance with applicable State laws. Health rehabilitative services for MI and MR must be implemented consistently by all staff unless the nature of the services is such that they are designated or required to be implemented only by licensed or credentialed personnel.
Procedures: §483.45(b)
Determine if there are any problems in quality of care related to maintaining or improving functional abilities. Determine if these problems are attributable in part to the qualifications of specialized rehabilitative services staff.
Determine from the care plan and record that rehabilitative services are provided under the written order of a physician and by qualified personnel. If a problem in a resident’s rehabilitative care is identified that is related to the qualifications of the care providers, it may be necessary to validate the care providers qualification.

Probes: §483.45(b)
If the facility does not employ professional staff who have experience working directly with or designing training or treatment programs to meet the needs of individuals with MI or MR, how has the facility arranged for the necessary direct or staff training services to be provided?