

Inpatient Rehab Service Requirements August 2017

Hospital	minimum time requirements for combined PT, OT and ST services per day	Days per week	Basis for minimum	Average number of patients on Inpatient Rehab Service at a time	Handling exceptions/ difficulty meeting minimum times Miscellaneous comments
A	3 hours 1.5	Mon-Fri Sat	Insurance approval, policy	6-8	<p>The 1.5 hours on Sat gives us some flexibility throughout the week. If patient cannot tolerate due to illness or procedures we allow for some time to recuperate or adjust to procedures. If they are unable to do so then we determine if they need to be moved to another service. If a patient is refusing treatment we work with the patient, family, rehab psych and social work to develop a behavior management plan. If that plan is unsuccessful we determine if the patient needs to be transferred to another service or discharged home. If a patient is too fatigued to participate in 3 hours of therapy we adjust therapy intensity and length (type of activities during therapy, shorter sessions with breaks in between each session, etc.). If this does not improve ability to participate and endurance does not improve we determine if the patient needs to be transferred to another service.</p>

B	<p>CMS for Inpatient Rehab*</p> <p>Acute Rehab in the hospital is driven by the therapist's recommendations and we do not have a requirement. If we know that the patient may eventually get admitted to the rehab unit, then we try to get up to 5 days per week to see if/when they are ready.</p>	Weekends used to make up any time missed during week	scope of services here at CHM for our Inpatient Rehab Unit. CARF		in general, refusals or fatigue are not acceptable reasons for no treatment. So, if it becomes an issue we then begin to determine if I/P rehab is the best program for the patient
C	at least 3 hours/day x 5 days/week or at least 15 hours with in a 7 consecutive day period beginning with the date of admission. In our state there are additional therapy hour requirements for	count our hours/minutes on a rolling 7 day basis starting on the day of admission	All hour requirements are from CMS* or state guidelines.	13 bed IPR unit, average daily census of 12+.	MD must write an order changing the # of hours and they must document in their progress notes why when the hours are not meeting regulatory requirements. Staff of 3 therapies work together to coordinate services to make minimum requirements over a 7 day period, have therapists available to evaluate on day of admission

	SCI and TBI.				
D	3 hours a day minimum for 5 days weekends we do individual, group therapy and evaluations on Saturday and Sunday (probably more like 2 hours) with adjust recreation and music therapy as well as other groups	Weekdays Weekends	follow the IRF rules for CMS even though we are in a children's hospital. We comply with the adult requirements and audited by CMS.	20-28 patients	If they cannot tolerate 3 hours of therapy then they are switched to medical status
E	2 sessions a day of therapy, (2 OT, 2 PT, 2 SP) one morning and one afternoon Usually 30 Speech, 30-45 PT, and OT depending on patient	weekdays		50 a year, it is mostly and adult setting	treated the same as adults with fatigue

*See attached CMS document (specific to adults though implied expected for pediatrics as well)

Excerpt:

Require active and ongoing intervention of **multiple therapy disciplines** (Physical Therapy [PT], Occupational Therapy [OT], Speech-Language Pathology [SLP], or prosthetics/orthotics), at least one of which must be PT or OT;

- Require an **intensive rehabilitation therapy program**, generally consisting of:3 hours of therapy per day at least 5 days per week; or

In certain well-documented cases, at least 15 hours of intensive rehabilitation therapy within a 7-consecutive day period, beginning with the date of admission;

- **Reasonably be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program**

(the patient's condition and functional status are such that the patient can reasonably be expected to make measurable improvement, expected to be made within a prescribed period of time and as a result of the intensive rehabilitation therapy program, that will be of practical value to improve the patient's functional capacity or adaptation to impairments);

- Require **physician supervision by a rehabilitation physician**, with face-to-face visits at least 3 days per week to assess the patient both medically and functionally and to modify the course of treatment as needed; and

- Require an **intensive and coordinated interdisciplinary team approach** to the delivery of rehabilitative care.