

Rehabilitation Services Service Standard

Texas Department of State Health Services, HIV Care Services Group — <u>HIV/STD</u> <u>Program | Texas DSHS</u>

Subcategories	Service Units
Low-vision Training Services	Per visit
Occupational Therapy	Per visit
Physical Therapy	Per visit
Rehabilitation Services	Per visit
Speech Therapy	Per visit

Health Resources & Services Administration (HRSA) Description:

Rehabilitation Services provide HIV-related therapies to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Limitations:

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Services:

Services are intended to improve or maintain a client's quality of life and optimal capacity for self-care. A licensed or authorized professional must provide services in an outpatient setting, in accordance with an individualized plan of care established by a medical care team under the direction of a licensed clinical provider. Services include but are not limited to:

• Physical and occupational therapy

- Speech pathology services
- Low-vision training

Universal Standards:

Services providers for Rehabilitation Services must follow <u>HRSA and DSHS</u> <u>Universal Standards</u> 1-52 and 187-190.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
 Initiation of Care Orders: The rehabilitation agency must receive written orders from the clients' primary HIV medical provider before initiation of care by the agency. The provider must be a licensed practitioner to include the following: Dentists 	 Percentage of clients with documentation of signed orders for rehabilitation services by a qualified licensed practitioner before initiation of care by the rehabilitation agency.
Doctor of Medicine (MD)	
Doctor of Osteopathy (OD)	
Nurse Practitioner (NP)	
Clinical Nurse Specialist (CNS)	
Physician Assistant (PA)	
 Comprehensive Assessment: The rehabilitation agency staff will complete a comprehensive assessment within 5 business days of the referral to include: Presenting issue Physical examination and evaluation performed by the therapist relevant to the type of therapy prescribed Diagnosis Prognosis 	 2. Percentage of clients with documentation of comprehensive assessment within 5 business days of referral that includes the following: (Pilot Measure) 2a. Presenting issue 2b: Physical examination as applicable 2c: Diagnosis 2d: Prognosis
Plan of Care: In collaboration with the client, staff will develop a plan of care within 10 business days of the completed comprehensive assessment. The client should sign and date the plan of care and the agency should maintain the plan in the client's primary	 Percentage of clients with documentation of a plan of care developed within 10 business days of the completed comprehensive assessment and includes the following components: (Pilot Measure) 3a: Objective for rehabilitation services

 record. The agency will offer a copy of the plan of care to the client and document this in the client's record. The plan of care should include: Objective for rehabilitation services Client-centered goals Estimated number of sessions Type of therapy Estimated duration 	 3b: Goals of services for client 3c: Type of therapy or therapies 3d: Estimated number of sessions 3e: Estimated duration of client's need for rehabilitation services to meet goals. 4. Percentage of clients with documentation that the plan of care was reviewed every 6 months at a minimum.
Documentation that the plan of care is being followed will include the date therapy was received, therapy performed, and progress toward meeting objectives in the client's primary record. Staff must review the plan of care every 6 months at minimum with updates as needed.	
Referrals: If the needs of the client are beyond the scope of the services provided by the agency or provider, the agency or provider should place an appropriate referral to another level of care. Staff should document the referral and outcome of the	 Percentage of clients with documentation of referrals as applicable for ancillary services necessary to meet goals. Percentage of clients with documentation of the outcome of the referral.
referral in the client's primary record as applicable. Transfer and Discharge : Transfer and discharge of clients from rehabilitation services should result from a planned and progressive process that considers the needs and desires of the client and the caregiver(s), family, and support network.	 Percentage of clients with documentation of a transfer plan developed in coordination with the client, caregiver(s) and multidisciplinary team, with a referral to an appropriate service provider agency as applicable. (Pilot Measure)
Staff should develop a transfer plan when one or more of	

the following criteria are met:	8. Percentage of clients with documentation of a discharge
 Agency no longer meets the level of care required by the client. 	plan developed with client, caregiver(s), and multidisciplinary team as applicable.
 The client transfers services to another service program. The client is not stable enough to be cared for outside of the acute care setting as determined by the agency and the client's primary medical care provider. The client no longer has a stable home environment appropriate for the provision of rehabilitation services as determined by the agency. The client is unable or unwilling to adhere to agency policies. An employee of the agency has experienced a real or perceived threat to safety during a visit to a client's home, in the company of an escort or not. The agency may discontinue services or refuse the client for as long as the threat is ongoing. 	 9. Percentage of clients with documentation of notification of transfer or discharge within 5 days before the date of transfer or discharge as applicable to the following parties: (Pilot Measure) 9a: The client or legal representative as applicable. 9b: The client's referring and attending practitioner as applicable.
Notification of Transfer or Discharge: When a client is transferred or discharged from services, agencies must:	
 Provide written notification to the client or the client's parent, family, spouse, significant other, or legal representative. 	
• Notify the client's attending physician or practitioner.	
 Deliver written notification no later than 5 days before the date on which the client will be transferred or discharged. 	

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). <u>Ryan White</u> <u>HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A</u> <u>Recipients.</u> Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). <u>Ryan White</u> <u>HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B</u> <u>Recipients</u>. Health Resources and Services Administration, June 2023.

Ryan White HIV/AIDS Program. *Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*. Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 22, Part 16, Chapter 322, Rule 322.1 Provision of Services, Physical Therapy, February 2023. <u>https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=16&ch=322&rl=1</u>