Approved by Governor
Date: 10/5/92

REHABILITATION FACILITIES

I. DEFINITIONS

A. Medical Rehabilitation Services: Medical/Physical Rehabilitation is the medical management of physical disability using all methods of diagnosis and treatment and a number of other procedures and services to bring a disabled individual identified as having potential for improvement to his or her maximum attainable functional level. Most medical specialties are involved including orthopedics, neurology, neurosurgery, internal medicine, rheumatology, psychiatry. Other services commonly include physical, occupational, recreational, and speech therapies; social, psychological, and vocational evaluation and counseling; prosthetics and orthotics (fitting of artificial body parts); dental prosthetics; physiatrics; and, of course, nursing.

Because physical rehabilitation uses specialists and methods from a variety of fields, it would appear to require a team approach in most cases to ensure that the disabled individual achieves maximum adaptation to the physical and social environment. Thus, effective physical rehabilitation involves the coordination and the appropriate timing of an array of services offered by a variety of providers.

B. Glossary of Terms:

1. Activities of Daily Living: Commonly known as ADL among rehabilitationists and includes self-care or grooming and toileting, communication, changing postures, (e.g., setting, standing) ambulation, elevation and transfers, traveling and routine hand activities.

2. Aphasia: Impairment or loss of the faculty of language use because of cerebrovascular disease or head injury.

3. Average Length of Stay: The average of the lengths of stays of all patients treated in a particular unit or facility over a defined period of time, usually a year.

4. CARF: The Commission for the Accreditation of Rehabilitation Facilities that recommends standards for rehabilitation facilities and grants accreditation to facilities in compliance.

5. Demand: The measure of probability of utilization of any given facility or service which is a measure of need tempered by the attitudes of referring physicians, the attitude of the public to be served, the health care policy

language of insurers, and other considerations. Demand may also include perceived need rather than actual need translated to service acquisition.

6. Disability: Limitation or restriction over time in performing adequately one or more social roles according to normative expectations with regard to age, sex, education, economic and social status, and, importantly, functional potential.

7. Epidemiology: The study of factors determining the occurrence of disease and disability and populations.

8. Handicap: A competitive disadvantage in coping with the physical or social environment at maximum functional capability because of attitudes, impediments, and barriers.

9. Hemiplegia: Paralysis of one side of the body because of cerebrovascular disease or brain stem injury.

10. Impairment: Any anatomic or functional abnormality or loss resulting from injury or disease affecting one or more activities of daily living.

11. Independent Living Center: A facility with housing or apartment units made accessible to wheelchairs and to the blind that is staffed by blind, deaf, and wheel chaired individuals, and that provides a variety of services such as attendant services, peer counseling, wheelchair repair, kitchen alteration, mobility training, and agency referral.

12. Need: The measure of the totality of services and facilities required by the defined population based on their demographic characteristics and special conditions. A need-based methodology utilizes health risk characteristics of specific populations to determine amount of services necessary.

13. Occupational Therapy: A structured program for retaining impaired muscle groups to perform activities of daily living and other vocational tasks, for evaluating self-care and task performance, and for social and interpersonal activities necessary to occupational adjustments.

14. Orthotics: The practice of making and fitting orthopedic braces to support or correct body parts weakened or distorted by disease, injury, or congenital defect.

15. Paraplegic: Paralysis of lower limbs and trunk because of spinal cord injury or disease.

16. Physiatry: The medical specialty which involves special training in electro-therapeutics and mechanical therapeutic interventions (thus overlapping somewhat with the specialty of orthopedics).

17. Physical/Medical Rehabilitation: The medical management of physical disability using all methods of treatment and diagnosis and a variety of other procedures and services to produce the maximum return of physical and social function in a disabled individual.

18. Physical Therapy: The treatment of physical impairment by biomechanical and neurophysiological approaches including massages, spinal flexation and extension, hydrotherapy, gymnastics, and other corrective exercises in order to restore maximum physical function and prevent deterioration.

19. Prosthetics: The allied health specialty dealing with the replacement of missing parts, especially limbs, by artificial substitutes.

20. Protocol: A standard or rule in a treatment regimen; a regulation regarding patient management.

21. Quadriplegic: Paralysis of lower and upper extremities and trunk because of spinal cord injury or disease.

22. Registry: A record-keeping function of the case occurrences related to a specific disease or disability for epidemiological purposes.

23. Rehabilitation: The treatment and training of an individual with a disabling impairment to the end that he or she may attain maximum potential for satisfactory living physically, psychologically, socially, and vocationally.

24. Rehabilitation Medicine: The specialized medical management of physical disability involving a variety of specialties including orthopedics, neurology, neurosurgery, internal medicine, cardiology, urology, rheumatology, psychiatry, physiatry.

25. Skilled Nursing Facility (SNF): An institution or distinct part of an institution certified by the U. S. Department of Health and Human Services (DHHS) to be in compliance with SNF standards and conditions and with which a provider agreement has been executed by Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act.

26. Speech and Audiology: A service devoted to speech and hearing disorders, in particular with regard to physical rehabilitation retraining patients with losses of language use or speech reduction following stroke

and head injury and speech and hearing disorders associated with cerebral palsy and congenital defects.

27. State Medical Schools: The generic nomenclature for allopathic and osteopathic medical schools in West Virginia.

28. Tier: Defines the level and complexity of rehabilitation service in West Virginia within a system comprised of three service tiers from the least to most sophisticated.

29. Transitional Living Unit: A unit with entry, living, bathroom, and kitchen areas modified to meet the needs of the physically disabled individual that is within or proximate to a facility housing a physical rehabilitation program.

30. Utilization Review: The process by which medical peers determine the appropriateness of treatments and lengths of stay for patients in a particular unit or facility.

31. Vocational Rehabilitation: The process of bringing a functionally impaired work age person into suitable employment by any number of services such as medical restoration, counseling, job training, selective job placement, and job modification.

II. INVENTORY

The agency will maintain a current inventory of all rehabilitation facilities by location and level of service in the state. This inventory will be available to all applicants.

III. NEED METHODOLOGY

A. There shall be no more than 13 medical rehabilitation beds per 100,000 population for the service area.

B. The total number of beds for medical rehabilitation services (MRS) shall not exceed the upper range of MRS bed need calculation except under either of the following conditions:

1. Medical rehabilitation hospitals located on the borders of West Virginia may request additional beds to provide MRS for out-of-state populations. The hospital will need to document through patient flow studies that it is currently caring for patients in the out-of-state service area; or,

2. An existing rehabilitation facility may add beds if the facility has maintained an average occupancy rate of 85 percent for the prior twelve (12) month period and the facility has a documented waiting list of patients. The number of new beds shall be based on a need methodology that is reliable, probative and substantial.

IV. QUALITY

A. A rehabilitation facility must have explicit criteria for preadmission evaluation to ensure that the patients admitted have decided rehabilitation potential.

B. In CON application review, the agency will require assurance of job descriptions for appropriate educational and experiential qualifications for the medical director and other key personnel, protocols for team functioning, and description of an adequate conference area. Each CON applicant to agency will verify policy for including referring physicians in treatment planning and have protocols for their interactions with rehabilitation staff.

C. Each application submitted to the agency for establishing a physical rehabilitation facility shall describe and provide requisite information regarding a term operation for service delivery.

D. A rehabilitation facility must have its own utilization review committee to review appropriateness of patient stays.

E. Each physical rehabilitation facility must have the administrative support services necessary to accommodate the anticipated caseload and required professional and technical staff.

F. Each plan or application submitted to the agency for establishing a comprehensive physical rehabilitation facility shall describe and provide requisite information for an inpatient service and an outpatient service and describe the overall program relationship with external community-based services consistent with the following standards:

1. An inpatient service will directly include patient rooms and toilet facilities; separate patient dining and recreation areas; an activities for daily living area; storage, linen, and janitorial support services. It will include directly or share with the outpatient service psychological, social, and vocational units; dietary services; physical and occupational therapy units; a speech and hearing unit; prosthetics and orthotics units. It will include directly or share with an acute care hospital pharmacy, laboratory, radiology and electomyographic.

2. An outpatient service will have or share with the inpatient service the identified units and services necessary for a comprehensive rehabilitation program. In addition, there will be a medical evaluation unit with examining rooms and laboratory facilities.

G. The rehabilitation facility should follow the service guidelines of the Commission on Accreditation of Rehabilitation Facilities (CARF) and shall seek CARF accreditation.

V. CONTINUUM OF CARE

A. Physical rehabilitation is a needed component of medical care for a wide variety of conditions and a dynamic part of a continuum of care for any specific disabling condition. Thus, the plan for service delivery must reflect levels of care appropriate to the kind and extent of disability and the kinds and amounts of resources needed to attain functional improvement. For efficient and effective care, there must be linkages creating a service network and protocols for referrals, follow-on and follow-up care as appropriate in specific cases.

B. Each rehabilitation facility will provide rehabilitation care coordination through its outpatient service in order to ensure liaison between community-based services, e.g., home health care and the greater rehabilitation resources of the inpatient service.

VI. COST

Applicant must demonstrate the financial ability to create and maintain services. Charges shall be consistent with allowable costs of providing rehabilitation services as determined by HCCRA.

VII. ACCESSIBILITY

A. Applicant must demonstrate linkages established in its service area, as well as appropriate referral networks to be established.

B. Applicant must document a plan to implement these linkages.

C. Applicant must demonstrate through a documented plan the availability of appropriate personnel.

D. Applicant must demonstrate how transportation will be provided for patients who need services and lack adequate transportation.

VIII. ALTERNATIVES

Applicant must demonstrate that other alternatives that assure availability of rehabilitative services have been addressed.