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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 3@ Standards for Participation

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Section 51215.10@ Pediatric Subacute Care Unit -Rehabilitation Therapy Services

51215.10 Pediatric Subacute Care Unit -Rehabilitation Therapy Services

(a)

Each pediatric subacute care unit shall define, implement and maintain a system for assessing and meeting patient needs for all appropriate physical, occupational and speech therapy services including supportive and maintenance programs. The appropriate therapist shall develop a plan of treatment, as specified in (g) or (j) of this section, which shall be integrated into an individualized comprehensive plan of care consistent with an interdisciplinary team approach in meeting each child's needs.

(b)

The following definitions shall apply only to this section: (1) "Physician" shall mean a licensed medical doctor who is a pediatric physiatrist or a physician with knowledge and experience in the rehabilitation of infants, children and adolescents. (2) "Therapist" shall mean a licensed or registered physical therapist, occupational therapist or speech pathologist with experience in pediatric rehabilitation services.

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"Therapist" shall mean a licensed or registered physical therapist, occupational therapist or speech pathologist with experience in pediatric rehabilitation services.

(c)

Each pediatric subacute care patient shall receive, not more than 14 calendar days prior to, or within seven calendar days after admission to a pediatric subacute care unit, a complete rehabilitation assessment performed by a physician. Such assessment shall reflect the actual status of the child at the time of admission to the pediatric subacute care unit and shall be repeated as clinically indicated by change in functional or cognitive status of the child.

(d)

In addition to the complete rehabilitation assessment specified in (c) of this section, the physician shall, based on functional potential and maintenance needs of the pediatric subacute care patient, develop and recommend a program of therapy to be provided after admission to the pediatric subacute care unit.

(e)

Each pediatric subacute care patient shall receive a physical therapy and occupational therapy assessment and have a plan of treatment developed by the appropriate therapist reflective of the medical recommendations specified in (d) of this section, within 14 days of admission to the pediatric subacute care unit, unless medically contraindicated and documented as such in the medical record. Subsequent physical therapy and occupational therapy assessments shall be performed quarterly or more often as clinically indicated.

(f)

A speech therapy assessment shall be provided to pediatric subacute care patients as medically indicated and a plan of treatment developed that identifies

measurable functional goals within specific time frames.

(g)

For each pediatric subacute care patient, in developing the plan of treatment specified in (e) of this section, the therapist shall: (1) Develop, periodically review and revise a time limited, goal oriented plan of supportive or maintenance interventions; (2) Instruct appropriate pediatric subacute care unit staff on the provision of the interventions.

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(h)

The therapy services specified in (e) through (g) of this section shall be considered a part of the pediatric subacute care services authorized in accordance with Section 51335.6(c).

(i)

In addition to the therapy services as specified in (e), (f) and (g) of this section, supplemental rehabilitation therapy services provided in a pediatric subacute care unit may be covered separately for pediatric subacute care patients who, as determined by the physician who performs the assessment specified in (c) of this section: (1) Can tolerate a minimum of four hours per week of any combination of direct therapy provided by or under the direct supervision of a therapist as specified in (b) of this section. (2) Demonstrate the potential to achieve, or continue to achieve, measurable functional goals within specific time frames in

such areas as mobility, activities of daily living or the reduction of nursing care.

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(i)

For each pediatric subacute care patient for whom supplemental rehabilitation therapy services are requested, the physician shall participate in the continuing rehabilitation plan of treatment by providing ongoing rehabilitation consultation and direction to the rehabilitation therapy staff in addition to the review and approval of the rehabilitation plan of treatment.

(k)

For each pediatric subacute care patient for whom supplemental rehabilitation therapy services are requested, in addition to the requirements to (e), (f) and (g), the therapist shall document in the supplemental rehabilitation therapy plan of treatment: (1) The specific type, number and frequency of direct therapy services to be performed by or under the direct supervision of the appropriate therapist; (2) Therapeutic goals of the services provided by each discipline and anticipated duration of treatment.

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(2)

Therapeutic goals of the services provided by each discipline and anticipated duration of treatment.

(l)

Supplemental rehabilitation therapy services shall be covered separately from the pediatric subacute care services authorized in accordance with Section 51335.6(c).

(m)

Supplemental rehabilitation therapy services shall be subject to the standards of medical necessity as set forth in Sections 51303(a) and 51340(e). Authorization requests shall be initiated by the facility. (1) For the initial requests for supplemental rehabilitation therapy services, a treatment authorization request (TAR) shall be submitted within 10 working days of the development of the patient's plan of treatment accompanied by the documentation as required by the Department. (2) For reauthorization or requests for continuation of supplemental rehabilitation therapy services, a TAR shall be accompanied by a statement describing the pediatric subacute care patient's progress and documentation demonstrating the continued medical necessity of these services.

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care patient's progress and documentation demonstrating the continued medical necessity of these services.