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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 4@ Scope and Duration of Benefits

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Section 51336@ Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities

51336 Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities

(a)

Specialized rehabilitative services shall be covered in accordance with the standards of medical necessity as set forth in Section 51303(a). Such service shall include the medically necessary continuation of treatment services initiated in the hospital or short term intensive therapy expected to produce recovery of function leading to either (1) a sustained higher level of self care and discharge to home or (2) a lower level of care. Specialized rehabilitation service shall be covered contingent upon compliance with the following requirements: (1) The services shall be ordered by the beneficiary's attending physician. The physician's signed order, specifying the care to be given, shall be on the beneficiary's chart. A copy of the order shall be made available for departmental review upon request; (2) The services require prior authorization by the Medi-Cal consultant for the district in which the facility is located. The authorization request may be initiated by the therapist; (3) The authorization request shall be accompanied by a treatment plan, signed by the attending physician, which shall include the following: (A) Principal and significant diagnoses; (B) Prognosis; (C) Date of onset of illness or injury; (D) Specific type, number, and frequency of services to be performed by each discipline; (E) Therapeutic goals of the service provided by each discipline and anticipated duration of treatment; (F) Extent of and benefits or

improvements demonstrated by any previous provision of physical therapy, occupational therapy, speech pathology or audiology services; (4) Authorization for rehabilitative services shall be contingent upon compliance with the following requirements: (A) The direct and specific relationship of the services to the written treatment plan prescribed by the physician after necessary consultation with the qualified physical therapist, occupational therapist, speech pathologist or audiologist; (B) Complexity and sophistication of the level of service, or condition of the beneficiary which requires the judgement, knowledge and skills of a therapist; (C) Provision of the services with the expectation that the beneficiary will improve significantly in a reasonable, and generally predictable, period of time; or in order to establish an effective maintenance program for a specific disease state; (D) Performance of the services by the qualified therapist specified in (a)(4)(A) above; (E) Consideration of the services, under accepted standards of medical practice, to be a specific and effective treatment for beneficiary's condition; (F) Reasonableness and necessity of the services for treatment of the beneficiary's condition. (5) Professional therapy necessary to establish or periodically reevaluate a palliative or maintenance program may be authorized. Services under treatment programs not requiring the skills of a qualified therapist shall not be separately payable or authorized. (6) No more than 30 treatments shall be authorized at any one time. Authorizations shall be valid for up to 120 days. A request for reauthorization shall include a statement describing the beneficiary's progress toward achieving the therapeutic goals included in the treatment plan.

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Authorization for rehabilitative services shall be contingent upon compliance with the following requirements: (A) The direct and specific relationship of the services to the written treatment plan prescribed by the physician after necessary consultation with the qualified physical therapist, occupational therapist, speech pathologist or audiologist; (B) Complexity and sophistication of the level of service, or condition of the beneficiary which requires the judgement, knowledge and skills of a therapist; (C) Provision of the services with the expectation that the beneficiary will improve significantly in a reasonable, and generally predictable, period of time; or in order to establish an effective maintenance program for a specific disease state; (D) Performance of the services by the qualified therapist specified in (a)(4)(A) above; (E) Consideration of the services, under accepted standards of medical practice, to be a specific and effective treatment for beneficiary's condition; (F) Reasonableness and necessity of the services for treatment of the beneficiary's condition.

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Complexity and sophistication of the level of service, or condition of the beneficiary which requires the judgement, knowledge and skills of a therapist;

(C)

Provision of the services with the expectation that the beneficiary will improve significantly in a reasonable, and generally predictable, period of time; or in order to establish an effective maintenance program for a specific disease state;

(D)

Performance of the services by the qualified therapist specified in (a)(4)(A) above;

(E)

Consideration of the services, under accepted standards of medical practice, to be a specific and effective treatment for beneficiary's condition;

(F)

Reasonableness and necessity of the services for treatment of the beneficiary's condition.

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No more than 30 treatments shall be authorized at any one time. Authorizations shall be valid for up to 120 days. A request for reauthorization shall include a statement describing the beneficiary's progress toward achieving the therapeutic goals included in the treatment plan.