

## **Rehabilitation Services Standards of Care**

### **Definition:**

Rehabilitation services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. These include physical and occupational therapy, speech pathology, and low-vision training.

### **Limitations:**

Ryan White HIV/AIDS Program funds may not be used to support employment, vocational, or employment-readiness services. However, funds may be used to pay for occupational therapy as a component of allowable Rehabilitation Services.

### **Services:**

Funds may be used for physical and occupational therapy, speech pathology services, and low-vision training to improve or maintain a client's quality of life.

Physical therapy helps to maximize client's capabilities. Typical programs may include:

- Therapeutic exercise
- Strength and mobility training
- Gait and balance training
- Muscle re-education
- Innovative treatment modalities such as heat, cold and electrical stimulation

By concentrating on daily living activities, skilled occupational therapists help clients adjust to everyday environments. Therapies may include:

- Education and training in daily living skills, including eating, bathing, dressing and grooming
- Sensory-motor skills re-training
- Strength and range of motion training
- Cognitive integration techniques
- Selection and use of adaptive equipment
- Design, fabrication and application of orthoses (splints)

Speech and language pathology therapies maintain the ability to communicate. Therapies may include:

- Exercises to stimulate receptive, integrative and expressive processes
- Sensory-motor activities to stimulate chewing, swallowing, articulatory and voice processes
- Selection and training in the use of no-oral communications aids, including augmentative systems
- Specialized swallowing therapy

- Cognitive skills training
- Compensatory swallowing techniques

Low vision training teaches the client how to use their remaining vision more effectively. Services may include rehabilitation training for:

- Reading
- Writing
- Shopping
- Cooking
- Lighting
- Glare control

### Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
<b>Funding Agency Requirements</b>	Rehabilitative services must be provided in an outpatient setting. This may include ambulatory outpatient or home setting. Contracts or Memorandums of Agreement/Understanding are in place with these agencies/individual providers to provide services in an outpatient setting. Agency providing funding for rehabilitative services must verify licensure/certification of therapists providing care with RW/SS funding.
<b>Funding Agency Policies and Procedures</b>	The agency funding rehabilitation services will have policies/procedures for each of the following: -Client rights and responsibilities, including confidentiality guidelines -Client grievance policies and procedures -Client eligibility requirements -Data collection procedures and forms, including data reporting -Guidelines for language accessibility
<b>Payer of Last Resort</b>	Before assistance is provided there should be written documentation in the funding agency files that Ryan White/State Services funding is being used as the payer of last resort.

<p><b>Provider Qualifications</b>  According to HRSA National Monitoring Standards, care must be provided by licensed or authorized professionals.</p>	<p>Agency funding rehabilitation services has verified the appropriate and valid licensure or certification of rehabilitation professionals as required by the State of Texas for the following professions:</p> <ul style="list-style-type: none"> <li>-Physical Therapist</li> <li>-Occupational Therapist</li> <li>-Speech and Language Pathologist/Therapist</li> <li>-Low vision Therapist</li> </ul> <p>Direct supervision by a licensed/certified professional during client interaction is required if assistants or students are providing care.</p> <p>-</p>
<p><b>Provider Education</b></p>	<p>All providers working in a rehabilitative agency will receive orientation to include at a minimum within the first three (3) months of hire:</p> <ul style="list-style-type: none"> <li>-HIV disease and transmission</li> <li>-Cultural competency/sensitive to special population</li> </ul> <p>Staff participating in the direct provision of services to clients must satisfactorily complete all appropriate continuing education units (CEUs) based on license requirement for each licensed/certified therapist. Courses in HIV disease and transmission should be part of continuing education.</p> <p>Training documentation on file maintained in each personnel record.</p>

## Standards of Care

Standard	Measure
<p><b>Service Eligibility</b> According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency/Provider will receive referrals from the client's primary care provider prescribing therapy.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> <li>- Contact and identifying information (name, address, phone, birth date, etc.)</li> <li>-Language(s) spoken</li> <li>-Literacy level (client self-report)</li> <li>-Demographics</li> <li>-Emergency contact</li> <li>-Household members</li> <li>-Pertinent releases of information</li> <li>-Documentation of insurance status</li> <li>-Documentation of income (including a "zero income" statement)</li> <li>-Documentation of state residency</li> <li>-Documentation of proof of HIV positivity</li> <li>-Photo ID or two other forms of identification</li> <li>-Acknowledgement of client's rights</li> </ul> <p>Agencies should attempt to get all relevant eligibility information from the referral source before providing services to client. If unsuccessful, the client may receive up to two sessions.</p>
<p><b>Intake and Comprehensive Assessment</b></p>	<p>Provider will complete an intake and comprehensive assessment within five (5) business days of the referral to include:</p> <ul style="list-style-type: none"> <li>-Presenting issue</li> <li>-Physical examination and evaluation performed by the therapist relevant to the type of therapy prescribed</li> <li>-Diagnosis</li> <li>-Prognosis</li> </ul>
<p><b>Plan of Care</b></p>	<p>In collaboration with the client a plan of care will be developed within ten (10) business days of intake and assessment.</p> <ul style="list-style-type: none"> <li>-The plan of care should be signed and dated by the client and located in the client's primary record.</li> <li>-A copy of the plan will be offered to the client and documented in the client's record.</li> </ul> <p>The Plan of Care should include:</p> <ul style="list-style-type: none"> <li>-Objective for rehabilitative services</li> </ul>

	<p>-Estimated number of sessions          -Type of therapy          -Estimated duration.</p> <p>Documentation that plan of care is being followed will include date therapy received, therapy performed, and progress toward meeting objectives in the client's primary record.</p> <p>Plan of care should be reviewed at least every three (3) months to see if progress is being met towards meeting objective with documentation in the client's primary record.</p>
<b>Referrals</b>	<p>If the needs of the client are beyond the scope of the services provided by the agency/provider, an appropriate referral to another level of care is made.</p> <p>-Documentation of referral and outcome of the referral is present in the client's primary record.</p>
<b>Discharge</b>	<p>The agency and client will collaborate on a discharge plan once objectives have been met.</p> <p>Reasons for discharge may include:</p> <ul style="list-style-type: none"> <li>-Services are no longer needed</li> <li>-Services needed are outside the scope of rehabilitative services</li> <li>-Client is deceased</li> <li>-Client has moved out of the area</li> <li>-Client behavior is no longer conducive.</li> </ul>
<b>Documentation in Client Record</b>	<p>The following will be documented in the client's primary record.</p> <p>-All intake and eligibility documentation, to include at a minimum:</p> <ul style="list-style-type: none"> <li>• Documentation of HIV diagnosis</li> <li>• Proof of residency</li> <li>• Verification of financial eligibility</li> <li>• Intake and assessment information</li> </ul> <p>-Physical therapy examination, evaluation, diagnosis, and prognosis</p> <p>-Plan of care to include interventions</p> <p>-Progress notes dated and authenticated by the physical therapist that performs the service.</p>
<b>Documentation in Agency file</b>	<p>Agency funding rehabilitation services must maintain program and financial records. that document:</p>

	Agency will keep track of the: -Number of clients served -Type of services provided -Type of facility -Provider licensing -Settings/methods for providing care
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## References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A  
April 2013. p. 45-46.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B  
April, 2013. p. 44-45.

HRSA Policy Notice 10-01. Eligible Individuals & Allowable Uses of Funds for Discretely Defined  
Categories of Services. Located at: <http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>