

CONDITION III: PLAN OF CARE AND PHYSICIAN INVOLVEMENT

POLICY

CLIENT ADMISSION

FOR EACH CLIENT IN NEED OF OUTPATIENT PHYSICAL, OCCUPATIONAL THERAPY AND/OR SPEECH LANGUAGE PATHOLOGY SERVICES, THERE IS A WRITTEN PLAN OF CARE ESTABLISHED AND PERIODICALLY REVIEWED BY A PHYSICIAN, OR BY A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR SPEECH LANGUAGE PATHOLOGIST, RESPECTIVELY. THE CLINIC HAS A PHYSICIAN AVAILABLE TO FURNISH NECESSARY MEDICAL CARE IN CASE OF AN EMERGENCY. NON-MEDICARE CLIENTS ARE NEITHER REQUIRED TO BE UNDER THE CARE OF A PHYSICIAN NOR HAVE A PLAN OF CARE ESTABLISHED BY A PHYSICIAN.

PROCEDURE

COMPLIANCE WITH THIS REGULATION WILL BE DEMONSTRATED BY THE FOLLOWING INFORMATION SOURCES:

- CLIENT PLANS OF CARE
- EMERGENCY PROCEDURES
- CLIENT CARE POLICIES
- CLINICAL RECORDS

CONDITION III: STANDARD SUBSECTION (A): MEDICAL HISTORY AND PRIOR TREATMENT

POLICY

THE REGULATIONS DO NOT REQUIRE THE CLIENT BE REFERRED TO THE CLINIC BY A PHYSICIAN OR THAT THE SERVICES ARE FURNISHED PURSUANT TO A PHYSICIAN'S ORDERS. HOWEVER, SINCE MEDICARE CLIENTS ARE STILL REQUIRED UNDER THE STATUTE TO BE UNDER THE CARE OF A PHYSICIAN AND HAVE THE PLAN OF CARE PERIODICALLY REVIEWED BY A PHYSICIAN TO RECEIVE PAYMENT FOR MEDICARE COVERED SERVICES, CURRENT MEDICAL FINDING, DIAGNOSIS(ES), PHYSICIAN'S ORDERS, REHABILITATION GOALS AND CONTRAINDICATIONS WOULD NORMALLY BE MADE AVAILABLE TO THE CLINIC BY THE ATTENDING PHYSICIAN. NON-MEDICARE CLIENTS ARE NOT REQUIRED TO BE UNDER THE CARE OF A PHYSICIAN, HAVE PLAN OF CARE ESTABLISHED BY A PHYSICIAN AND HAVE THE PLAN OF CARE

PERIODICALLY REVIEWED BY A PHYSICIAN. HOWEVER, MEDICAL RECORDS WILL BE MAINTAINED FOR THE NON-MEDICARE CLIENTS. IF COMPLETE AND APPROPRIATE PAST HISTORY ALONG WITH CURRENT MEDICAL FINDINGS ARE NOT MADE AVAILABLE TO THE CLINIC, THE CLINIC SHOULD OBTAIN THE INFORMATION EITHER FROM THE CLIENT OR FROM FOLLOW UP WITH THE REFERRING PHYSICIAN, IF ANY.

PROCEDURE

THE FOLLOWING ARE TO BE OBTAINED BY THE CLINIC BEFORE OR AT THE TIME OF INITIATION OF TREATMENT:

1. THE CLIENT'S SIGNIFICANT PAST HISTORY
2. CURRENT MEDICAL FINDING
3. DIAGNOSIS(ES), IF ESTABLISHED
4. PHYSICIAN'S ORDERS
5. REHABILITATION GOALS, IF DETERMINED
6. CONTRAINDICATIONS, IF ANY
7. THE EXTENT TO WHICH THE CLIENT IS AWARE OF THE DIAGNOSIS(ES) AND PROGNOSIS
8. IF APPROPRIATE, THE SUMMARY OF TREATMENT FURNISHED AND RESULTS ACHIEVED DURING PREVIOUS PERIODS OF REHABILITATION SERVICES OR INSTITUTIONALIZATION

CONDITION III: STANDARD SUBSECTION (B): PLAN OF CARE

POLICY

A PLAN OF CARE WILL BE ESTABLISHED AND WILL BE PERIODICALLY REVIEWED, REGARDLESS IF THE CLIENT IS A MEDICARE OR NON-MEDICARE CLIENT. THE PLAN OF CARE IS TO BE ESTABLISHED BY A PHYSICIAN OR BY THE APPROPRIATE PROFESSIONAL (I.E., A PHYSICAL THERAPIST OR SPEECH LANGUAGE PATHOLOGIST) AND REVIEWED BY A PHYSICIAN OR THE INDIVIDUAL WHO ESTABLISHED IT. HOWEVER, AS A CONDITION FOR MEDICARE PAYMENT, A PHYSICIAN MUST CERTIFY THE NECESSITY OF THE SERVICES. A PHYSICIAN, NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST OR PHYSICIAN ASSISTANT MUST REVIEW THE PLAN OF CARE EVERY 30 DAYS FOR EACH MEDICARE CLIENT TO RECERTIFY THE CONTINUED NEED FOR THOSE SERVICES. THIS REVIEW WILL BE THE REVIEW THE CLINIC USES FOR MEDICARE CLIENTS TO MEET THE CONDITION OF PARTICIPATION. SINCE MEDICARE CLIENTS MUST BE UNDER THE CARE OF A PHYSICIAN FOR PURPOSES OF RECEIVING PAYMENT FOR MEDICARE COVERED SERVICES, THE ATTENDING PHYSICIAN MUST BE NOTIFIED OF ANY CHANGES IN THE PLAN OF CARE OR THE

CLIENT'S CONDITION. AFTER CLIENT TREATMENT HAS BEGUN, THE PROFESSIONAL FURNISHING THE CARE CAN CHANGE THE CURRENT TREATMENT BY REVISING THE PLAN OF CARE. THIS CHANGE MUST BE SUPPORTED IN THE CLIENT'S CLINICAL RECORD BY EITHER DOCUMENTATION BY THE PROFESSIONAL, A DATED WRITTEN ORDER SIGNED BY THE PHYSICIAN, OR A DATED VERBAL ORDER SIGNED BY THE PROFESSIONAL RECEIVING THE ORDER.

PROCEDURE

FOR EACH CLIENT THERE IS A WRITTEN PLAN OF CARE ESTABLISHED BY THE PHYSICIAN; OR

- A. PHYSICAL THERAPIST
- B. OCCUPATIONAL THERAPIST
- C. SPEECH-LANGUAGE PATHOLOGIST WHO FURNISHED SERVICES.

THE PLAN OF CARE FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY OR SPEECH-LANGUAGE PATHOLOGY SERVICES INDICATES ANTICIPATED GOALS AND SPECIFIES FOR THOSE SERVICE THE

- A. TYPE;
- B. AMOUNT;
- C. FREQUENCY; AND
- D. DURATION.

THE PLAN OF CARE AND RESULTS OF TREATMENT ARE REVIEWED BY THE PHYSICIAN OR BY THE INDIVIDUAL WHO ESTABLISHED THE PLAN AT LEAST AS OFTEN AS THE CLIENT'S CONDITION REQUIRES, AND THE INDICATED ACTION TAKEN. (FOR MEDICARE AND MEDICAID CLIENTS, THE PLAN MUST BE REVIEWED BY THE INDIVIDUAL WHO ESTABLISHED THE PLAN, AT LEAST EVERY 30 DAYS, IN ACCORDANCE WITH §410.61(C) OF THE CHAPTER.)

CHANGES IN THE PLAN OF CARE ARE NOTED IN THE CLINICAL RECORD. IF THE CLIENT HAS AN ATTENDING PHYSICIAN, THE OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST OR SPEECH-LANGUAGE PATHOLOGIST WHO FURNISHES THE SERVICES WILL PROMPTLY NOTIFY THE ATTENDING PHYSICIAN OF ANY CHANGE IN THE CLIENT'S CONDITION OR IN THE PLAN OF CARE.

CONDITION III: STANDARD SUBSECTION (C): EMERGENCY CARE

POLICY

THE CLINIC WILL DEVELOP AND IMPLEMENT AN EMERGENCY MANAGEMENT PLAN THAT WILL INCLUDE A LIST OF NAMES AND TELEPHONE NUMBERS OF PHYSICIAN(S) THE CLINIC HAS ARRANGED TO BE ON CALL. IN ORDER TO PROVIDE MEDICAL CARE IN THE EVENT OF AN EMERGENCY DURING OPERATIONAL HOURS, THE EMERGENCY MANAGEMENT PLAN PROCEDURES WILL BE CURRENT AND ALL STAFF WILL BE FAMILIAR WITH THESE PROCEDURES. THE PROCEDURES WILL ALSO IDENTIFY THE ROLES FOR INDIVIDUAL RESPONSIBILITIES TO BE ACTIVATED UPON EMERGENCY NOTIFICATION.

PROCEDURE

1. POSTING OF THE PROCEDURE WILL BE LOCATED BY EACH PHONE.
2. IN THE EVENT OF AN EMERGENCY, THE CLINICAL ADMINISTRATOR SHOULD BE NOTIFIED.
3. AN INCIDENT REPORT SHOULD BE COMPLETED, SCANNED INTO THE ELECTRONIC MEDICAL RECORD AND ORIGINAL PLACED IN THE INCIDENT REPORT BINDER.
4. THE PLAN WILL BE REVIEWED AT LEAST ONCE EACH YEAR TO ASSESS COMPLIANCE WITH STATE AND FEDERAL LAWS RECOMMENDATIONS, AND SPECIAL NEEDS OF THE CLINIC.