



CHAPTER 33 | PPS EXCLUDED AND DISTINCT PART UNIT: PHYSICAL REHABILITATION

INTRODUCTION

Standards in this chapter apply ONLY to Rehabilitation Units *that have been designated by Medicare as an excluded PPS unit.*

Requirements for these units include:

- 42 CFR §482 - Conditions of Participation for Hospitals
- 42 CFR §412.25 - Excluded hospital units: Common Requirements
- 42 CFR §412.29 - Excluded Rehabilitation Units: Additional Requirements

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.00.01 PPS excluded hospital units: Basis for exclusion</p> <p><i>In order to be excluded from the Prospective Payment Systems (PPS) specified in §412.1(a)(1), a rehabilitation unit must meet the following requirements in addition to all criteria under subpart B of part 412 of 42 CFR 412:</i></p> <p><i>Be part of an institution that-</i></p> <ul style="list-style-type: none"> ▪ <i>Has in effect an agreement under part 489 (42 CFR 489) to participate as a hospital and</i> ▪ <i>Is not excluded in its entirety from the prospective payment systems and</i> ▪ <i>Has enough beds that are not excluded from the inpatient prospective payment systems to permit the provision of adequate cost information, as required by §413.24(c) of 42 CFR 413.24.</i> <p>§412.25(a) §412.25(a)(1)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The hospital has an agreement to participate in the Medicare program and is not already excluded in its entirety from IPPS, such as a rehabilitation hospital. In other words, the unit seeking exclusion cannot comprise the entire hospital.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <p>Verify:</p> <ul style="list-style-type: none"> ▪ The hospital has an agreement to participate in the Medicare PPS Exclusion program. ▪ The hospital is not already excluded in its entirety from PPS, such as a rehabilitation hospital.



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<p>33.00.02 PPS excluded hospital units: Admission Criteria</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Have written admission criteria that are applied uniformly to both Medicare and non-Medicare patients.</i> <p>§412.25(a)(2)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The hospital has written admission criteria.</p> <p>The approved admission criteria are consistently followed for both Medicare and non-Medicare patients.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;">DOCUMENT REVIEW</p> <p>Review policies and open and closed records to verify that:</p> <ul style="list-style-type: none"> ▪ Written admission criteria are in place. ▪ The approved admission criteria are followed for all patients.
<p>33.00.03 PPS excluded hospital units: Separate medical records</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available.</i> <p>§412.25(a)(3)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>PPS exempt units have medical records that are separate and not commingled with other hospital records. These records are readily available for review.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;">DOCUMENT REVIEW</p> <ul style="list-style-type: none"> ▪ Verify that the medical records for the exempt unit are separate and are not commingled with other hospital records; these are readily available for review.



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<p>33.00.04 PPS excluded hospital units: Availability of clinical records and information</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Have policies specifying that necessary clinical information is transferred to the unit when a patient of the hospital is transferred to the unit.</i> <p>§412.25(a)(4)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The hospital has a written policy that specifies the clinical information that is to accompany the patient when transferred to the exempt rehabilitation unit.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <p>Review policies and medical records to verify:</p> <ul style="list-style-type: none"> ▪ The hospital has a policy detailing the prompt transfer of clinical information for patients transferred to the rehabilitation unit. ▪ The medical record reflects that clinical information is promptly transferred with the record.
<p>33.00.05 PPS excluded hospital units: State licensure requirements</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Meet applicable State licensure laws.</i> <p>§412.25(a)(5)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>HOSPITAL LICENSING</p> <ul style="list-style-type: none"> ▪ The hospital demonstrates that all applicable state licensure laws are met. ▪ The hospital provides documentation of any and all unmet state licensure requirements including documentation for deficient practices. ▪ The unit meets special licensing requirements issued by the state, as required. <p>PROFESSIONAL STAFF</p> <p>The hospital has current licenses for its professional staff. The professional staff are licensed by the state in which the hospital is located.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <p>Verify:</p> <ul style="list-style-type: none"> ▪ All applicable state licensure laws are met, including any special licensing requirements issued by the state. ▪ All professional staff files have current licenses issued by the state in which the unit is located.



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<p>33.00.06 PPS excluded hospital units: <u>Utilization review requirements</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Have utilization review standards applicable for the type of care offered in the unit.</i> <p>§412.25(a)(6)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The hospital has a utilization review plan that includes the review of rehabilitation services.</p> <p>(No utilization review standards are required if the QIO is conducting review activities.)</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that the utilization review plan includes review of rehabilitation services, either internally or through the QIO.
<p>33.00.07 PPS excluded hospital units: <u>Distinct unit structure</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Have beds physically separate from (that is, not commingled with) the hospital's other beds.</i> <p>§412.25(a)(7)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The PPS exempt rehabilitation beds are physically separate from the beds in other units of the hospital.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that the PPS exempt rehabilitation beds are physically separate from other units of the hospital.
<p>33.00.08 PPS excluded hospital units: <u>Fiscal intermediary</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> ▪ <i>Be serviced by the same fiscal intermediary as the hospital.</i> <p>§412.25(a)(8)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Verify that the PPS excluded unit uses the same fiscal intermediary as the hospital.



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<p>33.00.09 PPS excluded hospital units: <u>Separate cost center</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> Be treated as a separate cost center for cost finding and apportionment purposes. <p>§412.25(a)(9)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the PPS excluded unit is treated as a separate cost center for cost finding and apportionment purposes.
<p>33.00.10 PPS excluded hospital units: <u>Allocate costs</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> Use an accounting system that properly allocates costs. <p>§412.25(a)(10)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify the PPS excluded unit uses an accounting system that properly allocates costs.
<p>33.00.11 PPS excluded hospital units: <u>Statistical data</u></p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> Maintain adequate statistical data to support the basis of allocation. <p>§412.25(a)(11)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify the PPS excluded unit maintains adequate statistical data to support the basis of allocation.



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<p>33.00.12 PPS excluded hospital units: Cost report</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> Report its costs in the hospital's cost report covering the same fiscal period and using the same method of apportionment as the hospital. <p>§412.25(a)(12)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> Verify the PPS excluded unit reports its costs in the hospital's cost report covering the same fiscal period and using the same method of apportionment as the hospital.
<p>33.00.13 PPS excluded hospital units: Requirements on the first day of the first cost reporting period</p> <p><i>In order to be excluded from the Medicare PPS System, the unit must meet the following criteria:</i></p> <ul style="list-style-type: none"> As of the first day of the first cost reporting period for which all other exclusion requirements are met, the unit is fully equipped and staffed and is capable of providing hospital inpatient...rehabilitation care regardless of whether there are any inpatients in the unit on that date. <p>§412.25(a)(13)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> Verify the PPS excluded unit is fully equipped and staffed and is capable of providing hospital inpatient rehabilitation care, regardless of whether there are any inpatients in the unit.



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<p>33.00.14 PPS excluded hospital units: Changes in the size of excluded units</p> <p><i>Except in the special cases noted at the end of this paragraph, changes in the number of beds or square footage considered to be part of an excluded unit under this section are allowed one time during a cost reporting period if the hospital notifies its Medicare contractor and the CMS RO in writing of the planned change at least 30 days before the date of the change. The hospital must maintain the information needed to accurately determine costs that are attributable to the excluded unit.</i></p> <p><i>A change in bed size or a change in square footage may occur at any time during a cost reporting period and must remain in effect for the rest of that cost reporting period.</i></p> <p><i>Changes in bed size or square footage may be made at any time if these changes are made necessary by relocation of a unit to permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes.</i></p> <p>§412.25(b)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Determine whether the PPS excluded unit has had a change in the number of beds or a change in square footage during this accreditation cycle. <ul style="list-style-type: none"> If yes: <ul style="list-style-type: none"> <input type="checkbox"/> Has the facility notified the Medicare contractor and the CMS Regional Office (RO) in writing at least 30 days prior to the change? <input type="checkbox"/> Did the communication clearly define the unit costs?



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**33.00.15 PPS excluded hospital units:
Change in status of hospital units**

For purposes of exclusions from the prospective payment systems under this section, the status of each hospital unit (excluded or not excluded) is determined as specified in paragraphs (c)(1) and (c)(2) of 42 CFR 412.25.

- (1) *The status of a hospital unit may be changed from not excluded to exclude only at the start of the cost reporting period. If a unit is added to a hospital after the start of a cost reporting period, it cannot be excluded from the prospective payment systems before the start of a hospital's next cost reporting period.*
- (2) *The status of a hospital unit may be changed from excluded to not excluded at any time during a cost reporting period, but only if the hospital notifies the fiscal intermediary and the CMS Regional Office in writing of the change at least 30 days before the date of the change, and maintains the information needed to accurately determine costs that are or are not attributable to the excluded unit. A change in the status of a unit from excluded to not excluded that is made during a cost reporting period*

Compliant

Not Compliant

No additional information.

This standard is not met as evidenced by:

INTERVIEW AND DOCUMENT REVIEW

- Determine whether the PPS excluded unit has had a change in status during this accreditation cycle. If yes:
 - Has the facility notified the fiscal intermediary and the CMS Regional Office in writing within 30 days before the change?



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<p><i>must remain in effect for the rest of that cost reporting period.</i></p> <p>§412.25(c) §412.25(c)(1-2)</p>		
<p>33.00.16 PPS excluded hospital units: <u>Number of excluded units</u></p> <p><i>Each hospital may have only one unit of each type (psychiatric or rehabilitation) excluded from the prospective payment systems.</i></p> <p>§412.25(d)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>The hospital may have one PPS excluded Rehabilitation Unit. The hospital may also have one PPS excluded Psychiatric Unit.</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND INTERVIEW</u></p> <ul style="list-style-type: none"> Verify that there is only one PPS excluded rehabilitation unit in this facility.
<p>33.00.17 Satellite facility: Definition</p> <p>For purposes of §412.25 (e)(2) through (e)(5), a <i>satellite facility</i> is:</p> <ul style="list-style-type: none"> A part of a hospital unit that provides inpatient services in a building also used by another hospital, or In one or more entire buildings located on the same campus as buildings used by another hospital. <p>§412.25(e) §412.25(e)(1)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND OBSERVATION</u></p> <p>Verify that the satellite facility:</p> <ul style="list-style-type: none"> Provides inpatient services consistent with requirement. Is located consistent with requirement.



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33.00.18 Satellite facility: Criteria

Compliant Not Compliant Not Applicable

This standard is not met as evidenced by:

Except as provided in paragraphs (e)(3) and (e)(6) of 42 CFR 412.25, effective for cost reporting periods beginning on or after October 1, 1999, a hospital that has a satellite facility must meet the following criteria in order to be excluded from the acute care hospital inpatient prospective payment systems for any period:

- (i) *In the case of a unit excluded from the prospective payment systems for the most recent cost reporting period beginning before October 1, 1997, the unit's number of State-licensed and Medicare-certified beds, including those at the satellite facility, does not exceed the unit's number of state-licensed and Medicare-certified beds on the last day of the unit's last cost reporting period beginning before October 1, 1997.*
- (ii) *The satellite facility independently complies with—*
 - (A) *For a Rehabilitation Unit, the requirements under §412.29 of this subpart in 42 CFR 412.29.*

§412.25(e)(2)

§412.25(e)(2)(i-ii)(A)

No additional information.

INTERVIEW AND DOCUMENT REVIEW

Verify that the satellite facility:

- Meets criteria for exclusion from PPS consistent with requirement.
- The unit's number of state-licensed and Medicare-certified beds, including those at the satellite facility, does not exceed the unit's number of state-licensed and Medicare-certified beds on the last day of the unit's last cost reporting period.



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<p>33.00.19 <u>Satellite facility: Separate governing body</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> ▪ <i>Effective for cost reporting periods beginning on or after October 1, 2002, it is not under the control of the governing body or chief executive officer of the hospital in which it is located, and it furnishes inpatient care through the use of medical personnel who are not under the control of the medical staff or chief medical officer of the hospital in which it is located.</i> <p>§412.25(e)(2)(iii)(A)</p>	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <p>Verify:</p> <ul style="list-style-type: none"> ▪ The governing body/CEO of the satellite facility is different than that for the hospital. ▪ The care provided is not under control of the hospital medical staff and chief medical officer.
<p>33.00.20 <u>Satellite facility: Admission and discharge records</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> ▪ <i>It maintains admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available.</i> <p>§412.25(e)(2)(iii)(B)</p>	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify the satellite facility maintains admission and discharge records separate from the hospital. <ul style="list-style-type: none"> <input type="checkbox"/> These records are readily available.



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<p>33.00.21 <u>Satellite facility: Beds are physically separate</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> ▪ <i>It has beds that are physically separate from (that is, not commingled with) the beds of the hospital in which it is located.</i> <p>§412.25(e)(2)(iii)(C)</p>	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>OBSERVATION AND INTERVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that the beds of the satellite facility are physically separate from the beds of the hospital.
<p>33.00.22 <u>Satellite facility: Fiscal intermediary</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> ▪ <i>It is serviced by the same fiscal intermediary as the hospital unit of which it is a part.</i> <p>§412.25(e)(2)(iii)(D) §483.20(e)(1-2)</p>	<p> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify the satellite facility uses the same fiscal intermediary as the hospital of which it is a part.



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<p>33.00.23 <u>Satellite facility: Separate cost center</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> It is treated as a separate cost center of the hospital unit of which it is a part. <p>§412.25(e)(2)(iii)(E)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the satellite facility is a separate cost center of the hospital of which it is a part.
<p>33.00.24 <u>Satellite facility: Accounting system</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> For cost reporting and apportionment purposes, it uses an accounting system that properly allocates costs and maintains adequate statistical data to support the basis of allocation. <p>§412.25(e)(2)(iii)(F)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the satellite facility uses an accounting system that properly allocates costs and maintains adequate statistical data to support the basis of allocation.
<p>33.00.25 <u>Satellite facility: Hospital cost report</u></p> <p><i>The satellite facility meets all the following requirements:</i></p> <ul style="list-style-type: none"> It reports its costs on the cost report of the hospital of which it is a part, covering the same fiscal period and using the same method of 	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the satellite facility reports its costs on the cost report of the hospital of which it is a part, using the same fiscal period and same method of apportionment as the hospital.



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apportionment as the hospital of which it is a part.

§412.25(e)(2)(iii)(G)

33.00.26 Satellite facility: Exception

Compliant Not Compliant Not Applicable

This standard is not met as evidenced by:

Except as specified in paragraphs (e)(4) and (e)(5) of 42 CFR 412.25, the provisions of paragraph (e)(2) of 42 CFR 412.25 do not apply to any unit structured as a satellite facility on September 30, 1999, and excluded from the prospective payment systems on that date, to the extent the unit continues operating under the same terms and conditions, including the number of beds and square footage considered to be part of the unit at the satellite facility on September 30, 1999.

No additional information.

DOCUMENT REVIEW

- Review documents to verify that the satellite facility meets this requirement.
- Determine whether this unit was structured as a satellite facility on September 30, 1999, and excluded from the prospective payment systems on that date. If yes:
 - Has the unit continued to operate under the same terms and conditions, including the number of beds and square footage considered to be part of the unit at the satellite facility on September 30, 1999?

§412.25(e)(3)

33.00.27 Satellite facility: Increase/decrease the square footage or decrease the number of beds

Compliant Not Compliant Not Applicable

This standard is not met as evidenced by:

In applying the provisions of paragraph (e)(3) of 42 CFR 412.25, any unit structured as a satellite facility on September 30, 1999, may increase or decrease the square footage of the

No additional information.

DOCUMENT REVIEW

- Determine whether the satellite facility increased/decreased its square footage or decreased the number of beds. If



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satellite facility or may decrease the number of beds in the satellite facility considered to be part of the satellite facility at any time, if these changes are made by the relocation of a facility—

(i) *To permit construction or renovation necessary for compliance with changes in federal, state, or local law affecting the physical facility*

(ii) *Because of catastrophic events such as fires, floods, earthquakes, or tornadoes.*

§412.25(e)(4)
§412.25(e)(4)(i-ii)

yes, were these changes:

- To permit construction or renovation necessary for compliance with federal, state, or local law?
- Due to a catastrophic event?

33.00.28 Satellite facility: Structure changes after October 1, 2006

Compliant Not Compliant Not Applicable

This standard is not met as evidenced by:

For the cost reporting periods beginning on or after October 1, 2006, in applying the provisions of Medicare paragraph (e)(3) of 42 CFR 412.25—

(i) *Any unit structured as a satellite facility on September 30, 1999, may increase the square footage of the unit only at the beginning of a cost reporting period or decrease the square footage or number of beds considered to be part of the satellite facility subject to the provisions of paragraph (b)(2) of 42 CFR 412.25, without affecting the provisions of*

For any unit that was structured as a satellite facility on September 30, 1999, it is acceptable for the satellite facility to increase/decrease its square footage or decrease the number of beds.

INTERVIEW AND DOCUMENT REVIEW

- Determine whether the unit was a structure of a satellite facility on September 30, 1999. If yes, determine if the satellite facility increased/ decreased the square footage of the satellite facility or decreased the number of beds, these changes were consistent with the requirement.



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paragraph (e)(3) of 42 CFR 412.25;
and

- (ii) If the unit structured as a satellite facility decreases its number of beds below the number of beds considered to be part of the satellite facility on September 30, 1999, subject to the provisions of paragraph (b)(2) of 42 CFR 412.25, it may subsequently increase the number of beds at the beginning or a cost reporting period as long as the resulting total number of beds considered to be part of the satellite facility does not exceed the number of beds at the satellite facility on September 30, 1999.

§412.25(e)(5)
§412.25(e)(5)(i-ii)

33.00.29 Satellite facility: Inpatient rehabilitation facility

- Compliant
 Not Compliant
 Not Applicable

This standard is not met as evidenced by:

The provisions of Medicare paragraph (e)(2)(i) of 42 CFR 412.25—

No additional information.

DOCUMENT REVIEW

- Do not apply to any inpatient rehabilitation facility that is subject to the inpatient rehabilitation facility prospective payment system under subpart P of 42 CFR 412.25, effective for cost reporting periods beginning on or after October 1, 2003.

- Review documents to verify that the satellite facility is compliant with the requirement.

§412.25(e)(6)



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.00.30 <u>Changes in classification of hospital units</u></p> <p><i>For purposes of exclusions from the prospective payment system under 42 CFR 412.25—</i></p> <ul style="list-style-type: none"> ▪ <i>The classification of a hospital unit is effective for the unit’s entire cost reporting period. Any changes in the classification of a hospital unit are made only at the start of a cost reporting period.</i> <p>§412.25(f)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review documents to determine if the satellite facility made any changes in the classification of a unit. If yes: <ul style="list-style-type: none"> <input type="checkbox"/> Were these changes only made at the start of a cost reporting period?
<p>33.01.00 <u>Inpatient rehabilitation facility (IRF) Prospective Payment System: Classification criteria for payment.</u></p> <p><i>To be excluded from the prospective payment systems described in 42 CFR §412(a)(1) and to be paid under the prospective payment system specified in 42 CFR §412.1(a)(3), an inpatient rehabilitation unit of a hospital (otherwise referred to as an IRF) must meet the following requirements:</i></p> <p>§412.29</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: Score this standard based on compliance with standards 33.01.01 through 33.01.10.</p> </div>



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.01.01 <u>IRF: Provider agreement</u></p> <ul style="list-style-type: none"> Have (or be part of a hospital that has) a provider agreement under part 489 of 42 CFR 489 to participate as a hospital. <p>§412.29(a)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the facility has an agreement to participate in the Medicare program.
<p>33.01.02 <u>IRF: Requirement to serve inpatient population</u></p> <p>Except in the case of a “new” IRF or “new” IRF beds, as defined in paragraph (c) of 42 CFR 412.29, an IRF must show that, during its most recent, consecutive, and appropriate 12-month time period (as defined by CMS or the Medicare contractor), it served an inpatient population that meets the following criteria:</p> <p>(1) For cost reporting periods beginning on or after July 1, 2004, and before July 1, 2005, the IRF served an inpatient population of whom at least 50 percent, and for cost reporting periods beginning on or after July 1, 2005, the IRF served an inpatient population of whom at least 60 percent required intensive rehabilitation services for treatment of one or more of the conditions</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Verify that the facility inpatient population for the most recent consecutive 12-month time period that 60 percent of the patients were admitted for intensive rehabilitation services as defined in the standard.



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p><i>specified at paragraph (b)(2) of 42 CFR 412.29.</i></p> <p><i>A patient with a comorbidity, as defined at §412.602 of 42 CFR 412.602, may be included in the inpatient population that counts toward the required applicable percentage if—</i></p> <ul style="list-style-type: none"><i>(i) The patient is admitted for inpatient rehabilitation for a condition that is not one of the conditions specified in paragraph (b)(2) of 42 CFR 412.29;</i><i>(ii) The patient has a comorbidity that falls in one of the conditions specified in paragraph (b)(2) of 42 CFR 412.29; and</i><i>(iii) The comorbidity has caused significant decline in functional ability in the individual that, even in the absence of the admitting condition, the individual would require the intensive rehabilitation treatment that is unique to inpatient rehabilitation facilities paid under subpart P of 42 CFR 412 and that cannot be appropriately performed in another care setting covered under this title.</i> <p><i>(2) <u>List of conditions.</u></i></p> <ul style="list-style-type: none"><i>(i) Stroke</i>		

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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<ul style="list-style-type: none"> <i>(ii) Spinal cord injury</i> <i>(iii) Congenital deformity</i> <i>(iv) Amputation</i> <i>(v) Major multiple trauma</i> <i>(vi) Fracture of femur (hip fracture)</i> <i>(vii) Brain injury</i> <i>(viii) Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease</i> <i>(ix) Burns</i> <i>(x) Active polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies resulting in significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.</i> <i>(xi) Systemic vasculidities with joint inflammation, resulting in</i> 		



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p><i>significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.</i></p> <p>(xii) <i>Severe or advanced osteoarthritis (osteoarthritis or degenerative joint disease) involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis) with joint deformity and substantial loss of range of motion, atrophy of muscles surrounding the joint, significant functional impairment of ambulation and other activities of daily living that have not improved after the patient has participated in an appropriate, aggressive, and sustained course of outpatient</i></p>		



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p><i>therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission but have the potential to improve with more intensive rehabilitation. (A joint replaced by a prosthesis no longer is considered to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)</i></p> <p>(xiii) <i>Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding the inpatient rehabilitation stay and also meet one or more of the following specific criteria:</i></p> <p>(A) <i>The patient underwent bilateral knee or bilateral hip joint replacement surgery during the acute hospital admission immediately preceding the IRF admission.</i></p> <p>(B) <i>The patient is extremely obese with a Body Mass Index of at least 50 at the time of admission to the IRF.</i></p> <p>(C) <i>The patient is age 85 or older at the time of admission to the IRF.</i></p> <p>§412.29(b)</p>		



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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§412.29(b)(1)
 §412.29(b)(1)(i-ii)
 §412.29(b)(2)
 §412.29(b)(2)(i- xiii)
 §412.29(b)(2)(xiii)(A-C)

33.01.03 IRF: Written certification for new IRFs

In the case of new IRFs (as defined in paragraph (c)(1) of 42 CFR 412.29) or new IRF beds (as defined in paragraph (c)(2) of 42 CFR 412.29), the IRF must provide a written certification that the inpatient population it intends to serve meets the requirements of paragraph (b) of 42 CFR 412.29.

This written certification will apply until the end of the IRF's first full 12-month cost reporting period or, in the case of new IRF beds, until the end of the cost reporting period during which the new beds are added to the IRF.

(1) New IRFs

An IRF hospital or IRF unit is considered new if it has not been paid under the IRF PPS in subpart P of this part (42 CFR 412.25) for at least five calendar years. A new IRF will be considered new from that point that it first participates in Medicare as an IRF until the end of its first full 12-month

Compliant

Not Compliant

No additional information.

This standard is not met as evidenced by:

DOCUMENT REVIEW

For new units, verify that:

- The attestation statement and rehabilitation hospital worksheet has been submitted to the state agency.
- The rehabilitation unit has not been paid under PPS for at least five calendar years.
- The added beds, if applicable, were approved by CMS.

If the rehabilitation unit or hospital has undergone a change of ownership or a merger:

- Ensure that the new owners have accepted assignment of the previous Medicare provider agreement,

OR

- If assignment was not accepted, the facility cannot request continued participation as a PPS excluded rehab hospital.

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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cost reporting period.

(2) *New IRF beds*

Any IRF beds that are added to an existing IRF must meet all applicable state Certificate of Need and state licensure laws. New IRF beds may be added one time at any point during a cost reporting period and will be considered new for the rest of that cost reporting period. A full 12-month cost reporting period must elapse between the delicensing or decertification of IRF beds in an IRF hospital or IRF unit.

Before an IRF can add new beds, it must receive written approval from the appropriate CMS RO, so that the CMS RO can verify that a full 12-month cost reporting period has elapsed since the IRF has had beds delicensed or decertified. New IRF beds are included in the compliance review calculations under paragraph (b) of this section from that time that they are added to the IRF.

(3) *Change of ownership or leasing*

An IRF hospital or IRF unit that undergoes a change of ownership or leasing, as defined in §489.18 of 42 CFR 489.18, retains its excluded status and will continue to be paid under the prospective payment system specified in §412.1(a)(3) before and after the

PREPUBLICATION



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<p><i>change of ownership or leasing if the new owner(s) of the IRF accept assignment of the previous owners' Medicare provider agreement and the IRF continues to meet all of the requirements for payment under the IRF prospective payment system. If the new owner(s) do not accept assignment of the previous owners' Medicare provider agreement, the IRF is considered to be voluntarily terminated and the new owner(s) may re-apply to participate in the Medicare program. If the IRF does not continue to meet all of the requirements for payment under the IRF prospective payment system, then the IRF loses its excluded status and is paid according to the prospective payment systems described in §412.1(a)(1).</i></p> <p>(4) Mergers</p> <p><i>If an IRF hospital (or a hospital with an IRF unit) merges with another hospital and the owner(s) of the merged hospital accept assignment of the IRF hospital's provider agreement (or the provider agreement of the hospital with the IRF unit), then the IRF hospital or IRF unit retains its excluded status and will continue to be paid under the prospective payment system specified in §412.1(a)(3) before and after the</i></p>		



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
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merger, as long as the IRF hospital or IRF unit continues to meet all of the requirements for payment under the IRF prospective payment system. If the owner(s) of the merged hospital do not accept assignment of the IRF hospital's provider agreement (or the provider agreement of the hospital with the IRF unit), then the IRF hospital or IRF unit is considered voluntarily terminated and the owner(s) of the merged hospital may reapply to the Medicare program to operate a new IRF.

§412.29(c)
§412.29(c)(1-4)

33.01.04 IRF: Preadmission screening

Compliant

Not Compliant

This standard is not met as evidenced by:

An inpatient rehabilitation unit must:

No additional information.

- *Have in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient program. This procedure must ensure that the preadmission screening for each Medicare Part A Fee-for-Service patient is reviewed and approved by a rehabilitation physician prior to the patient's admission to the IRF.*

DOCUMENT REVIEW

Review five patient records from the unit to verify:

- The unit has preadmission screening procedures in place that address whether the patient is likely to benefit significantly from an intensive inpatient program or assessment.
- The medical records indicate that the criteria are used and patients would benefit significantly from an intensive inpatient program or assessment.



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
§412.29(d)		
33.01.05 <u>Medical supervision</u>	<input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant	This standard is not met as evidenced by:
<p><i>An inpatient rehabilitation unit must:</i></p> <ul style="list-style-type: none"> ▪ <i>Have in effect a procedure to ensure that patients receive close medical supervision, as evidenced by at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process. Beginning with the second week, as defined in §412.622, of admission to the IRF, a non-physician practitioner who is determined by the IRF to have specialized training and experience in inpatient rehabilitation may conduct 1 of the 3 required face-to-face visits with the patient per week, provided that such duties are within the non-physician practitioner's scope of practice under applicable state law.</i> 	<p>Facility policies define:</p> <ol style="list-style-type: none"> 1. Required medical supervision. 2. Special training and experience requirements for inpatient rehabilitation medical staff. 	<p>DOCUMENT REVIEW</p> <p>Review five patient records from the unit to verify:</p> <ul style="list-style-type: none"> ▪ Each record contains documentation of a minimum of three face-to-face visits per week. In week 1, these visits are by a licensed physician with specialized training and experience in inpatient rehabilitation. Beginning the second week, a qualified non-physician practitioner (NPP) may perform one of the three required assessments, consistent with state scope-of-practice law. ▪ The facility policy addresses the required elements.
§412.29(e)		



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.01.06 <u>Personnel qualifications</u></p> <p><i>An inpatient rehabilitation unit must:</i></p> <ul style="list-style-type: none"> ▪ <i>Furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy, and occupational therapy, plus, as needed, speech-language pathology, social services, psychological services (including neuropsychological services), and orthotic and prosthetic services.</i> <p>§412.29(f)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>All licenses of the professional staff are current and are issued by the State in which the personnel are providing services.</p> <p>The hospital has a means of ensuring that its personnel are qualified and competent, consistent with state law.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <p>Verify:</p> <ul style="list-style-type: none"> ▪ All licenses for the professional staff are current and are issued by the State in which the personnel are providing services. ▪ The hospital has a means of ensuring that its personnel are qualified and competent. ▪ The hospital has policies that establish the qualifications of personnel providing rehabilitation services.
<p>33.01.07 <u>Medical director of rehabilitation: Qualifications</u></p> <p><i>An inpatient rehabilitation unit must have a director of rehabilitation who:</i></p> <ul style="list-style-type: none"> ▪ <i>Provides services to the IRF hospital and its inpatients on a full-time basis or, in the case of a rehabilitation unit, at least 20 hours per week.</i> ▪ <i>Is a doctor of medicine or osteopathic medicine.</i> ▪ <i>Is licensed under State law to practice medicine or surgery.</i> ▪ <i>Has had, after completing a one-year hospital internship, at least two years</i> 	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The medical director of the rehabilitation unit provides at least 20 service hours per week. The 20 hours may be any combination of patient services and administration.</p> <p>These 20 hours cannot be delegated to a physician assistant or any other qualified professional.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <p>Review the personnel file of the director as well as personnel time cards/logs, etc. to verify that:</p> <ul style="list-style-type: none"> ▪ The rehabilitation unit has a medical director of rehabilitation. <ul style="list-style-type: none"> <input type="checkbox"/> Is s/he an MD or DO? ▪ The medical director provides at least 20 service hours per week. ▪ The license of the director is current and issued by the state in which the



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p><i>of training or experience in the medical management of inpatients requiring rehabilitation services.</i></p> <p>§412.29(g)</p>		<p>service is being provided.</p> <ul style="list-style-type: none"> The medical director has met the criteria for internship plus 2 years of training or experience.
<p>33.01.08 <u>Plan of treatment</u></p> <p><i>The inpatient rehabilitation unit must:</i></p> <ul style="list-style-type: none"> Have a plan of treatment for each inpatient that is established, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient. <p>§412.29(h)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The treatment plan includes measurable long-term and short-term goals with estimated time frames for achieving these.</p> <p>This treatment plan identifies goals, services and interventions to assist the patient in regaining independence, reducing pain, and/or adapting to limitations in activities of daily living.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <p>Review a sample volume of closed records appropriate to evaluate inpatient care. Verify:</p> <ul style="list-style-type: none"> Each patient has a plan of treatment in their medical record. The physician and other professional personnel participate in the establishment, review and revision of the plan of treatment. (This could be a signature, a record of a conference, or record of consultation.)
<p>33.01.09 <u>Coordinated interdisciplinary team approach</u></p> <p><i>The inpatient rehabilitation unit must:</i></p> <ul style="list-style-type: none"> Use a coordinated interdisciplinary team approach in the rehabilitation of each inpatient, as documented by the periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal 	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>Facility policy addresses the functioning of the interdisciplinary team approach:</p> <ul style="list-style-type: none"> Planning patient care. Establishing goals. Documentation expectations. Frequency of team meetings. 	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Review policies to verify that they address the required elements. Review a sample volume of closed records appropriate to evaluate inpatient care. Verify that: <ul style="list-style-type: none"> <input type="checkbox"/> An interdisciplinary team approach



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<p><i>attainment and discharge plans, and that team conferences are held at least once per week to determine the appropriateness of treatment.</i></p> <p>§412.29(i)</p>		<p>is used for the rehabilitation of each patient.</p> <ul style="list-style-type: none"> □ Weekly team conferences are held to determine appropriateness of treatment. □ Medical records contain periodic clinical entries related to achievement of goals.
<p>33.01.10 <u>Retroactive adjustments</u></p> <p><i>If a new IRF (or new beds that are added to an existing IRF) are excluded from the prospective payment systems specified in §412.1(a)(1) and paid under the prospective payment system specified in §412.1(a)(3) for a cost reporting period under paragraph (c) of 42 CFR 412.29, but the inpatient population actually treated during that period does not meet the requirements of paragraph (b) of 42 CFR 412.29, we adjust payments to the IRF retroactively in accordance with the provisions in §412.130.</i></p> <p>§412.29(j)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Applicable </p> <p>New IRFs must meet the requirements of this section to receive retroactive payment.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Verify that facility policies address the required elements.



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STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.02.01 <u>Multidisciplinary team</u></p> <p>The rehabilitation program uses an integrated, multidisciplinary approach to patient care. The rehabilitation program’s core team may include, but is not necessarily limited to:</p> <ul style="list-style-type: none"> ▪ Physician ▪ Rehabilitation RN ▪ Speech therapist ▪ Occupational therapist ▪ Social worker ▪ Physical therapist ▪ Therapeutic recreational specialist for inpatient facilities <p>§412.29(i)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The disciplines represented in the core team will vary depending upon the mission and objective of the facility.</p> <p>Other healthcare workers may be included as appropriate, such as:</p> <ul style="list-style-type: none"> ▪ Psychologist ▪ Psychiatrist ▪ Neuropsychologist ▪ Orthotist ▪ Prosthetist ▪ Exercise physiologist ▪ Vocational rehabilitation counselor ▪ Audiologist 	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review the organizational chart for the integrated, multidisciplinary rehabilitation services program to determine it meets the requirement.
<p>33.02.02 <u>Physician responsibility</u></p> <p>Each patient in the rehabilitation service has a physician member of the Medical Staff responsible for his/her medical condition.</p> <p>§412.29(d) §412.29(e) §412.29(h) §412.29(i)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>All physical rehabilitation outpatients and inpatients have accessibility to the same level of quality health care. That care may require that a local family physician is responsible for overseeing the management of care for a remotely located specialist.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review a sample of inpatient and outpatient records to verify that each patient is under the care of a member of the medical staff.



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<p>33.02.03 <u>Nursing care</u></p> <p>A registered nurse must be responsible for supervising the quality of nursing care rendered and be competent to participate in the interdisciplinary formulation of individual rehabilitation plans.</p> <p>§482.23(b)(3) §482.23(b)(5)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The registered nurse should be knowledgeable by education and/or experience in the care of rehabilitation patients.</p>	<p>This standard is not met as evidenced by:</p> <p><u>INTERVIEW AND DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Interview the supervising RN. ▪ Review the job description of the supervising RN.
<p>33.02.04 <u>Organizational plan</u></p> <p>There is a written description of the program which includes, but need not be limited to the following:</p> <ul style="list-style-type: none"> ▪ The scope of services provided and how these services relate to each other. ▪ Services specific to inpatient or outpatient programs including: <ul style="list-style-type: none"> □ Admission criteria □ The assessment and evaluation process. □ A program evaluation system including treatment criteria and outcome measures, e.g., functional index measurement (FIM) and referral/discharge procedures. <p>§482.12 §412.25(a)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review the program for treatment criteria, assessment and evaluation including outcome measures. ▪ Verify that an organizational plan for the rehabilitation program is available for review. The plan includes all required components..



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<p>33.02.05 Collaborative goals</p> <p>The goals are developed in collaboration with the patient, and family, as appropriate.</p> <p>The goals include monitoring and treatment of pain using a quantifiable tool such as:</p> <ul style="list-style-type: none"> ▪ A visual scale of zero to ten. ▪ The “FACES” tool for children. <p>§482.13(b)(1) §412.29(h)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>The patient, and family when appropriate, assists with planning the treatment goals. The goals reflect their understanding of lifestyles and activities.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review at least ten recently closed rehabilitation records. Choose the sample based upon distribution of inpatient and outpatient volumes. ▪ Verify that goals are developed in collaboration with the patient and family, as appropriate.
<p>33.02.06 Patient/family education</p> <p>The patient, and/or family when appropriate, is informed of all aspects of the nature of the problem, injury(ies), alternative treatments and devices, and methods of achieving and maintaining progress in the identified goals.</p> <p>§482.13(b)(1) §482.13(b)(2)</p>	<p style="text-align: center;"> <input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant </p> <p>Education of patients and families is documented in the medical record. Such education includes methods to reduce the potential for re-injury.</p>	<p>This standard is not met as evidenced by:</p> <p style="text-align: center;"><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> ▪ Review at least ten recently closed rehabilitation records. Choose the sample based upon distribution of inpatient and outpatient volumes. ▪ Verify that patient/family education is provided appropriate to the nature of the patient problems and interventions.



CHAPTER 33 | PPS EXCLUDED AND DISTINCT PART UNIT: PHYSICAL REHABILITATION

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
<p>33.02.07 <u>Quality assessment and performance improvement (QAPI)</u></p> <p>Rehabilitation services shall be integrated into the facility-wide QAPI plan. §482.21(c)(2)</p>	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Not Compliant</p> <p>No additional information.</p>	<p>This standard is not met as evidenced by:</p> <p><u>DOCUMENT REVIEW</u></p> <p>Review the QAPI plan and minutes to verify that:</p> <ul style="list-style-type: none">▪ Rehabilitation services are integrated into the facility-wide QAPI plan.▪ Rehabilitation services-related data is collected and used to improve the quality of patient care and patient safety. Improvements are monitored to insure improvement in outcomes/results.

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