



Rehabilitation Services Service Standard

Health Resources & Services Administration (HRSA)

Description:

Rehabilitation Services provide HIV-related therapies to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Limitations:

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Services:

Services are intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care established by a medical care team under the direction of a licensed clinical provider. Services include but are not limited to:

- Physical and occupational therapy
- Speech pathology services
- Low-vision training

Universal Standards:

Services providers for Rehabilitation Services must follow [HRSA/DSHS Universal Standards](#) 1-46 and 181-184.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Initiation of Care Orders: The rehab agency must receive written orders from the clients’ primary HIV medical provider before initiation of care by the agency. The provider must be a licensed practitioner to include the following:</p> <ul style="list-style-type: none"> • Dentists • Doctor of Medicine (MD) • Doctor of Osteopathy (OD) • Nurse Practitioner (NP) • Clinical Nurse Specialist (CNS) • Physician Assistant (PA) 	<p>1. Percentage of clients with documentation of signed orders for rehab services by a qualified licensed practitioner before initiation of care by the rehab agency.</p>
<p>Comprehensive Assessment: The rehab agency staff will complete a comprehensive assessment within 5 business days of the referral to include:</p> <ul style="list-style-type: none"> • Presenting issue • Physical examination and evaluation performed by the therapist relevant to the type of therapy prescribed • Diagnosis • Prognosis 	<p>2. Percentage of clients with documentation of comprehensive assessment within 5 business days of referral that includes the following:</p> <p>2a. Presenting issue 2b. Physical examination as applicable 2c. Diagnosis 2d. Prognosis</p>
<p>Plan of Care: In collaboration with the client a plan of care will be developed within 10 business days of the completed comprehensive assessment.</p> <p>The plan of care should be signed and dated by the client</p>	<p>3. Percentage of clients with documentation of a plan of care developed within 10 business days of the completed comprehensive assessment and includes the following components:</p> <p>3a: Objective for rehab services</p>

<p>and located in the client’s primary record. A copy of the plan will be offered to the client and documented in the client’s record.</p> <p>The plan of care should include:</p> <ul style="list-style-type: none"> • Objective for rehab services • Client-centered goals • Estimated number of sessions • Type of therapy • Estimated duration <p>Documentation that the plan of care is being followed will include the date therapy was received, therapy performed, and progress toward meeting objectives in the client’s primary record.</p> <p>The plan of care must be reviewed every 6 months at minimum with updates as needed.</p>	<p>3b: Goals of services for client 3c: Type of therapy or therapies 3d: Estimated number of sessions 3e: Estimated duration of client’s need for rehab services to meet goals.</p> <p>4. Percentage of clients with documentation that the plan of care was reviewed every 6 months at a minimum.</p>
<p>Referrals: 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 as applicable.</p>	<p>5. Percentage of clients with documentation of referrals as applicable for ancillary services necessary to meet goals.</p> <p>6. Percentage of clients with documentation of the outcome of the referral.</p>
<p>Transfer/Discharge: Transfer and discharge of clients from rehab services should result from a planned and progressive process that considers the needs and desires of the client and the caregiver(s), family, and support network.</p> <p>A transfer plan must be developed when one or more of the</p>	<p>7. Percentage of clients with documentation of a transfer plan developed in coordination with the client/caregiver(s) and multidisciplinary team, with a referral to an appropriate service provider agency as applicable.</p>

<p>following criteria are met:</p> <ul style="list-style-type: none"> • Agency no longer meets the level of care required by the client. • Client transfers services to another service program. • The client is not stable enough to be cared for outside of the acute care setting as determined by the agency and the client's primary medical care provider. • The client no longer has a stable home environment appropriate for the provision of rehab services as determined by the agency. • Client is unable or unwilling to adhere to agency policies. • An employee of the agency has experienced a real or perceived threat to his/her safety during a visit to a client's home, in the company of an escort or not. The agency may discontinue services or refuse the client for as long as the threat is ongoing. <p>Notification of Transfer/Discharge: The following criteria must be followed when a client is transferred or discharged from services:</p> <ul style="list-style-type: none"> • Provide written notification to the client or the client's parent, family, spouse, significant other, or legal representative. • Notify the client's attending physician or practitioner. • Written notification must be delivered no later than 5 days before the date on which the client will be transferred or discharged. <p>Note: Staff should not inactivate clients in Take Charge Texas (TCT) at the time of discharge, unless the case is</p>	<p>8. Percentage of clients with documentation of a discharge plan developed with client/caregiver(s), and multidisciplinary team as applicable.</p> <p>9. Percentage of clients with documentation of notification of transfer/discharge within 5 days before the date of transfer or discharge as applicable to the following parties:</p> <p>9a: The client or legal representative as applicable.</p> <p>9b: The client's referring and attending practitioner as applicable.</p>
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being closed due to a deceased client.	
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References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2022.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 22, Part 16, Chapter 322, Rule 322.1 Provision of Services, Physical Therapy, February 2023.

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=16&ch=322&rl=1](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=16&ch=322&rl=1)