PHYSICAL MEDICINE AND REHABILITATION SERVICE
TRANSITIONAL REHABILITATION BED SECTION

1. PURPOSE. This Veterans Health Administration (VHA) Handbook defines the procedures for establishing a Physical Medicine and Rehabilitation Service (PM&RS) Transitional Rehabilitation Bed Section.

2. SUMMARY OF MAJOR CHANGES. The major changes are the requirement that consultations for screening and assessments by PM&RS interdisciplinary teams must be completed within 48 hours, deletion of the recommendation for the most appropriate Joint Commission accreditation as either Long Term Care or Hospital Accreditation, and the inclusion of kinesiotherapy on the interdisciplinary team.

3. RELATED ISSUES. None.

4. RESPONSIBLE OFFICE. The Chief Consultant, Rehabilitation Services, is responsible for the contents of this VHA Handbook. Questions may be referred to the PM&RS National Program Director at (202) 461-7444. Facsimile transmissions may be sent to (202) 495-5473.

5. RECISSIONS. VHA Handbook 1172.02 issued January 7, 2010 is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of May 2015.

Robert A. Petzel, M.D.
Under Secretary for Health

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PHYSICAL MEDICINE AND REHABILITATION SERVICE TRANSITIONAL REHABILITATION BED SECTION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the procedures for establishing a Physical Medicine and Rehabilitation Service (PM&RS) Transitional Rehabilitation Bed Section.

2. BACKGROUND

a. PM&RS Bed Sections currently use the following Treating Specialty Codes:

(1) PM&RS Bed Sections providing acute rehabilitation services located within acute hospital bed units can be assigned Treatment Specialty Codes 20 (Rehabilitation) and 1N (Polytrauma Rehabilitation Center); and

(2) Short-stay PM&RS Bed Sections located in Department of Veterans Affairs (VA) Community Living Centers (CLC) [formerly designated as Nursing Home Care Units] are assigned Treating Specialty Code 64.

b. Severely injured Veterans with traumatic brain injury (TBI) and Polytrauma, such as those returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), may require extensive periods of rehabilitation to successfully transition back into the community. For these patients, rehabilitation programming often needs to extend beyond the acute rehabilitation phase into what is generally referred to as transitional rehabilitation. In the VA Polytrauma-Traumatic Brain Injury System of Care setting, these programs are referred to as Polytrauma Transitional Rehabilitation Programs.

c. A new Treating Specialty Code 82 has been established for PM&RS Transitional Rehabilitation.

d. Services provided typically include group therapies, individual therapies, case management and care coordination, medical care, nutritional therapy, pharmacological interventions, vocational rehabilitation services, educational services, return to school, discharge planning, and follow-up. These services are provided by interdisciplinary teams of rehabilitation professionals that may include, but are not limited to a physiatrist, rehabilitation nurse, dietician, occupational therapist, physical therapist, speech-language pathologist, psychologist, therapeutic recreation specialist, social worker, kinesiotherapist, clinical pharmacist, and vocational rehabilitation specialist.

e. The transitional rehabilitation programs may be physically located within different settings on the individual medical center campuses resulting in a need for flexibility in application of The Joint Commission (TJC) accreditation standards.

f. The PM&RS Transitional Rehabilitation Program is required to seek and maintain Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation under the Medical Rehabilitation Standards.

g. Guidance for PM&RS Transitional Rehabilitation programming is provided in Attachment A.

3. DEFINITIONS

a. **Transitional Rehabilitation.** Transitional rehabilitation is a structured program focused on restoring home, community, leisure, psychosocial, and vocational skills in a controlled, therapeutic setting. Its goal is to optimize physical abilities through graduated exercise, and to normalize cognitive, communication, and behavioral abilities by practicing these skills in challenging, real-world community and work settings. The transitional rehabilitation program provides a clinically relevant, comprehensive treatment for improving cognitive, communication, behavioral, and physical functioning, which enhances the likelihood of transfer of rehabilitation gains to the community setting.

b. **Commission on Accreditation of Rehabilitation Facilities (CARF).** CARF is an accreditation agency with standards specifically developed for rehabilitation programs for both the private sector and VA system. The mission of this organization is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the patients.

4. RESPONSIBILITIES OF THE PHYSICAL MEDICINE AND REHABILITATION SERVICE (PM&RS) NATIONAL PROGRAM DIRECTOR

The PM&RS National Program Director is responsible for:

a. Developing national policy and procedures for PM&RS Transitional Rehabilitation based on relevant laws and regulations and VHA's mission, goals, and objectives;

b. Providing consultation and guidance to Veterans Integrated Service Networks (VISNs) and VA medical centers for the development and operation of PM&RS Transitional Rehabilitation Bed Sections;

c. Reviewing all medical center PM&RS Transitional Rehabilitation Program and bed section change proposals, and providing comments to the Deputy Under Secretary for Health for Operations and Management.

5. RESPONSIBILITIES OF THE VISN DIRECTOR

The VISN Director is responsible for:

a. Consulting with the PM&RS National Program Director prior to bed section or program changes; and

b. Providing appropriate support and resources to ensure that PM&RS Transitional Rehabilitation is able to accomplish its stated mission, goals, and objectives.

6. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each facility Director is responsible for:

a. Submitting requests for new PM&RS Transitional Rehabilitation Bed Sections through the PM&RS National Program Director;

b. Providing and maintaining program oversight to ensure quality services and compliance with VHA policies and procedures;

c. Ensuring accreditation by appropriate accrediting bodies, TJC and CARF; and

d. Providing a safe, well-maintained, and appropriately-furnished bed unit that supports and enhances the recovery efforts of the patients in the PM&RS Transitional Rehabilitation Bed Section.

7. RESPONSIBILITIES OF PM&RS TRANSITIONAL REHABILITATION MEDICAL DIRECTOR

The PM&RS Transitional Rehabilitation Medical Director, designated by the facility Director, must possess the qualifications required by CARF under the Medical Rehabilitation standards. The PM&RS Transitional Rehabilitation Medical Director is responsible for:

a. Developing a program description for PM&RS Transitional Rehabilitation that includes, but is not limited to: mission, scope of services, staffing, admission and discharge criteria, and documentation requirements;

b. Managing all operations to ensure the safe, efficient, and effective provision of rehabilitation and treatment services;

c. Ensuring that Treating Specialty Code 82 is utilized for the PM&RS Transitional Rehabilitation Bed Section;

d. Maintaining the qualifications required by CARF for Medical Rehabilitation and TJC Standards;

e. Consulting with the PM&RS National Program Office, as needed, for guidance and program development;

f. Completing all mandated reporting, monitoring, evaluation, and accreditation requirements relevant to the PM&RS Transitional Rehabilitation; and

g. Managing service level quality improvement activities that monitor critical aspects of care. An ongoing and continuous evaluation of the program must be conducted to ensure the quality and appropriateness of care provided to patients.

8. REFERENCES

a. VHA Handbook 1108.3.

b. VHA Handbook 1004.1.

c. VHA Handbook 1907.01.

d. VHA Manual M-1, Part 1, Chapter 10.

e. VHA Handbook 1170.01.

PHYSICAL MEDICINE AND REHABILITATION SERVICE TRANSITIONAL REHABILITATION BED SECTION GUIDANCE

1. ADMISSION CRITERIA

a. Participants in a PM&RS Transitional Rehabilitation Program must:

(1) Have impairments that impede community re-integration;

(2) Benefit from a 24-hour per day, 7-day per week, structured and supported living setting;

(3) Be medically stable;

(4) Not exhibit behaviors posing a risk or safety threat to self or others or exhibit behaviors that require alternate mental health services;

(5) Have the potential to successfully participate in group activities and to benefit from formal therapy;

(6) Be willing to participate in the program and to adhere to facility rules;

(7) Have goals that can be addressed by the program; and

(8) Be at least 18 years of age.

b. Participants may need supervision or cueing with basic activities of daily living and with administering medications;

2. DISCHARGE CRITERIA

Discharge from the program occurs when a participant:

a. Has reached a level of function enabling discharge to the community setting of choice;

b. Has met all goals in the plan of care;

c. Becomes unwilling, or unable, to participate in the program;

d. Exhibits behaviors posing a risk or safety threat to self or others, or exhibits behaviors that require alternate mental health services, or

e. Becomes medically unstable.

3. SERVICE DELIVERY

The PM&RS Transitional Rehabilitation Program:

a. Is designed for individuals who need transitional rehabilitation services;

b. Often follows acute care rehabilitation;

c. Offers life skills coaching;

d. Includes formal therapies;

e. Provides appropriate health and wellness programming;

f. Uses standardized, valid outcome measures to monitor participants' progress through rehabilitation; and

g. Allows flexibility in programming, policy, and procedures to reflect community living environments.

4. FACILITY AND ENVIRONMENT OF CARE

The PM&RS Program Office recommends that each PM&RS Transitional Rehabilitation Bed Section:

a. Be designed to accommodate a minimum of eight to ten residential beds within a self-contained unit;

b. Include semi-private rooms and private rooms;

c. Maintain a therapeutic environment designed to simulate a real world setting;

d. Provide common areas for rest and relaxation, as well as for completing activities of daily living (laundry, kitchenette, communal dining room, lounge).

5. HEALTH RECORDS REQUIREMENTS

Transitional Rehabilitation Program documentation guidelines must include:

a. **A History and Physical Exam (H&P).** A complete history and physical must be completed within 24 hours of admission;

b. **Screening and Assessment.** Consults for screening and assessment by interdisciplinary team members must be completed within 48 hours. The interdisciplinary team includes, but is not limited to physiatry, rehabilitation nursing, dietitian, occupational therapy, physical therapy, speech-language pathology, psychology, therapeutic recreation, social work, kinesiotherapy, and vocational rehabilitation.

c. **A Rehabilitation and Community Reintegration Rehabilitation Plan.** An individualized community re-integration plan must be completed within one week of admission.

The plan is developed in cooperation with the participant and caregivers (when appropriate). Each plan should include rehabilitation goals for maximizing the independence and re-integration into the community; a description of specific interventions to achieve the goals, including type, frequency, duration, and location of such interventions, treatments, and services; dates when the effectiveness of the plan is reviewed; and the name of the case manager coordinating the implementation of the plan.

d. **Rehabilitation Progress Notes.** Rehabilitation disciplines actively providing services are required to provide progress notes at least weekly, or whenever there is a significant change in condition or treatment plan.

e. **Nursing and Physician Progress Notes.** Medical documentation is required at least weekly, or when there is a significant change in condition.

f. **Medical Treatment Orders.** Physician or appropriately credentialed health care provider orders include, but are not limited to: admission orders, discharge orders, medication orders, referral or consultation orders, and others per accreditation requirements and local policy.

d. **A Discharge Summary.** The medical discharge summary, signed by a physician or appropriately credentialed health care provider, must be consistent with: VHA health records policy, the external accreditation standards, and facility by-laws. The discharge summary includes, but is not limited to appropriate information regarding the participant's:

(1) Course of treatment;

(2) Status at discharge;

(3) Accomplishment of treatment goals;

(4) Recommendations for further treatment, precautions and restrictions; and

(5) Discharge plan.

6. MEDICATIONS

a. Each participant needs to be assessed as semi-independent or independent for the Self-Medication Program (SMP) as outlined in VHA Handbook 1108.3.

b. For participants determined to be independent for the SMP, medications are kept in a locked cabinet or locker accessible only to that person and designated staff personnel.

c. Appropriately licensed staff will be available to administer and monitor medications for participants assessed as semi-independent with the SMP.

7. MEALS

a. Meal preparation is the responsibility of the medical center. If meals are provided off-site,

the contract or Memorandum of Understanding (MOU) between the medical center and the contractor should specify that any meal preparation that occurs off-site must meet all federal and local regulatory guidelines and documentation must be available to review when the VA team visits the facility. The medical center continues to be responsible for the oversight of the food service operations.

b. When appropriate, the preparation of meals may be done by the participants themselves. When this occurs, sufficient staff supervision must be provided to assure participants engage in appropriate and nutritious meal planning, food preparation, sanitation, and safety.

c. Provision of meals by the medical center must meet nutritional requirements as defined by the local policies and procedures. However, greater flexibility in menu options and allowances for food preparation by the participants will be needed to facilitate a “real world setting”.

8. EVENING AND WEEKEND PROGRAMMING

Evening and weekend onsite and offsite therapeutic activities, e.g., physical fitness, life skills, and recreation, must be provided to enhance the therapeutic environment and to aid in rehabilitation goal achievement.

9. AUTHORIZED ABSENCES OR PASSES

a. Authorized absences for participants must be administered in accordance with VHA Manual, M-1, Part 1, Chapter 10**.** Participants are encouraged to make use of authorized absences and passes for therapeutic and rehabilitative purposes. The authority for granting absences rests with the PM&RS Transitional Rehabilitation Program physician, or designee.

b. While it needs to be utilized only rarely and under exceptional circumstances, authorized absence or military convalescent leave for periods up to 30 days may be granted.

c. Systems of control (e.g., sign-out and sign-in lists) must be designed and implemented to monitor participants’ safety and to ensure the integrity and security of the program living space.

10. VISITORS

a. A visitation policy is to be posted on the residential bed unit and reviewed with the program participant upon admission.

b. In instances where the local facility policy does not meet the needs of the program, a specific policy must be developed taking into consideration the goals and objectives of the PM&RS Transitional Rehabilitation Program.