

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

H. Hospital Intensive Neurological Rehabilitation Care Units

Neurological rehabilitation services may be provided in a specialized neurological rehabilitation unit called a Hospital Intensive Neurological Rehabilitation Care (HINRC) unit located within an acute care general hospital. Establishment of HINRC units is optional and has no effect on other approaches or settings furnishing neurological rehabilitation services. HINRC units shall meet specialized requirements in order to participate, furnish services only to recipients who meet the criteria for necessity, and be enrolled separately from the acute care hospital with which it is associated. HINRC units may enroll at any time during the year.

1. The hospital must meet the following specialized criteria in order to enroll as a HINRC:
 - a. The hospital shall have appropriate rehabilitation services to manage the functional and psychosocial needs of the patients' services and appropriate medical services to evaluate and treat the pathophysiologic process. The staff shall have intensive specialized training and skills in rehabilitation.
 - b. The hospital shall have formalized policies and procedures to govern the comprehensive skilled and rehabilitation nursing care, related medical, and other services provided. An interdisciplinary team approach shall be utilized in patient care. This team shall include, but is not limited to: a physician, a registered nurse (with special training/experience in rehabilitation and brain injury care/treatment), physical therapist, occupational therapist, speech/language therapist, respiratory therapist, psychologist, social worker, recreational therapist, and case manager.
 - c. The hospital shall have formalized policies and procedures to insure that the interdisciplinary health and rehabilitation needs of every hospital intensive neurological rehabilitation care patient shall be under the supervision of a licensed psychiatrist, board certified in physical medicine and rehabilitation.

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- d. The hospital shall have formalized policies and procedures to insure a licensed physician visits and assesses each patient's care frequently and no less than required by law, licensure, certifications, and accreditations.
- e. The hospital shall have formalized policies and procedures to furnish necessary medical care.
- f. The hospital shall provide private rooms for patients demonstrating medical and/or behavioral needs. Dedicated treatment space shall be provided for all treating disciplines including the availability of distraction-free individual treatment rooms/areas.
- g. The hospital shall provide 24 hour nursing services to meet the medical and behavioral needs with registered nurse coverage 24 hours per day, seven days per week.
- h. The hospital shall provide appropriate methods and procedures for dispensing and administering medications and biologicals.
- i. The hospital shall have formalized policies and procedures for, and shall provide on a regular basis, ongoing staff education in rehabilitation, respiratory care, specialized medical services and other related clinical and non-clinical issues.
- j. The hospital shall provide dietary services to meet the comprehensive nutritional needs of the patients. These services shall be provided by a registered dietician for a minimum of one hour per week.
- k. The hospital shall provide patients' facilities and significant others the opportunity to participate in the coordination and facilitation of service delivery and personal treatment plan.

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- l. The hospital shall provide initial and ongoing integrated, interdisciplinary assessments to develop treatment plans which should address medical/neurological issues, sensorimotor, cognitive, perceptual, and communicative capacity, affect/mood, interpersonal, social skills, behaviors, ADLs, recreation/leisure skills, education/vocational capacities, sexuality, family, legal competency, adjustment to disability, post-discharge services, environmental modifications, and all other areas deemed relevant for the person.
- m. The hospital shall provide a coordinated, interdisciplinary team which meets in team conference to update the treatment plan for each person at least every 7 days and as often as necessary to meet the changing needs of the patient.
- n. The hospital shall provide appropriate consultation and services to meet the needs of the patients including, but not limited to, audiology, speech, orthotics, prosthetic, or any specialized services.
- o. The hospital shall establish protocol for ongoing contact with vocational rehabilitation, education, mental health, developmental disabilities, social security, social welfare, head injury advocacy groups, and any other relevant public/community agencies.
- p. The hospital shall establish protocol for close working relationships with other acute care hospitals capable of caring for persons with neurological trauma to provide for outpatient follow up, inservice education, and ongoing training to treatment protocols to meet the needs of the traumatic brain injury patients.
- q. The hospital shall document the patient's progress in meeting goals in detail. If appropriate progress is not made or if goals are attained, the patient shall not be eligible for this program and the case manager shall coordinate discharge plans.

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- r. The hospital shall have policies and procedures to prevent admitting a patient to this program whose needs the hospital cannot meet.
 - s. The hospital shall not admit a patient to this program whose needs can be met at a lesser level of care.
 - t. The hospital shall make certain all professional and non-professional staff requiring licenses are duly licensed by the appropriate licensing authority.
2. Patients in need of HINRC services shall meet the following requirements:
- a. The patient shall have had an injury or condition that occurred within 48 hours prior to the date of admission for inpatient care. Patients served shall have severe loss of central nervous system functions as a result of a neurological injury or condition.
 - b. The patient shall have been determined, by a physician, to be appropriate for rehabilitation in the hospital setting to recover lost function or appropriate for assessment for determination of functional recovery potential.
 - c. The patient shall require five hours of rehabilitation therapy services per day, as tolerable and appropriate, and a minimum of five hours of nursing care per day by licensed nurses. Rehabilitation therapy services will be available and provided, as tolerable and appropriate, at least five days per week. Examples of patients to be considered include, but are not limited to:
 - 1) traumatic brain injury;
 - 2) cerebral vascular accidents with severe neurological insult;
 - 3) neoplasms of the central nervous system;

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4) neuro behavioral sequelae to the above.

d. The patient shall have complete neurological/medical/psychosocial assessments completed prior to admission to a Hospital Intensive Neurological Rehabilitation Care unit including:

- 1) history of current condition;
- 2) presenting problems and current needs;
- 3) preliminary plan of care including services to be rendered;
- 4) initial goals and timeframes for goal accomplishment.

These assessments shall clearly demonstrate the beneficiary's need for this care and expected benefits.

e. The patient shall demonstrate progress toward the reduction of physical, cognitive, and/or behavioral deficits to maintain eligibility for HINRC services funding.

f. The patient shall have an assigned facility case manager to monitor and measure goal attainment and functional improvement. HINRC services shall be rendered throughout the recovery process not to exceed ninety (90) days unless deemed medically necessary by the Department. The facility case manager will be responsible for cost containment and appropriate utilization of services. The facility case manager will coordinate discharge planning activities if it has been determined that HINRC services are no longer required or appropriate.

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