

DIVISION 645

DEMONSTRATION OF NEED FOR REHABILITATION SERVICES

General

333-645-0000 (1) The purpose of this division is to assure provision of accessible, quality care with the least incremental impact in overall community health care costs. Rehabilitation services assist people with a wide range of physical disabilities, focused on gaining optimum mobility and functioning. Least costly alternatives will be considered in determining an appropriate level of care.

(2) The applicant, in providing information to the Health Division to demonstrate need for inpatient rehabilitation services, must satisfy the criteria specified in the Certificate of Need Application Instructions (Division 580) and in this division (Division 645).

(3) Division 645 is not intended to apply to rehabilitation beds in long-term care facilities.

Stat. Auth.: ORS 431.120(6), ORS 442.315

Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994, f. & cert. ef. 4-22-94

Definitions

333-645-0010 (1) "Rehabilitation Services" are medical and other services designed for the primary purpose of restoring disabled persons to the fullest degree of physical, psychological, social and vocational competency in an integrated program.

(2) (a) "Comprehensive Inpatient Rehabilitation Facilities (CIRFs)" are hospital-based inpatient departments which are medically directed, supervised and coordinated to deliver rehabilitation services to patients with simple or multiple severe disabilities. A facility of this scope must include, but is not limited to, the following rehabilitation interdisciplinary services:

(A) Psychiatrist or other medical doctor with two years of experience in a comprehensive inpatient rehabilitation program for physical disabilities;

(B) Intensive skilled rehabilitation nursing care;

(C) Social worker/ discharge planner;

(D) Physical therapy;

(E) Occupational therapy;

(F) Speech/ language pathology (as prescribed);

(G) Psychology.

(b) Dependent upon the needs of those served and stated goals in the application, a CIRF program shall provide or make formal arrangements for the following services:

(A) Audiology;

(B) Driver education;

(C) Orthotics;

- (D) Prosthetics;
- (E) Rehabilitation engineering;
- (F) Respiratory therapy;
- (G) Therapeutic recreation;
- (H) Vocational rehabilitation.

- (3) “Comprehensive Inpatient Rehabilitation” is a program of coordinated and integrated services which include evaluation and treatment, and emphasizes education and training of those served and their families.
- (4) An “Interdisciplinary Team” includes a physician, rehabilitation nurse, social worker or psychologist, and those therapist involved in the patient’s care.
- (5) For the purposes of this division, “Rehabilitation Facility” or “Rehabilitation Unit” refers to any CIRF.

Stat. Auth.: ORS 431.120(6), ORS 442.315
 Stats. Implemented: ORS 431.120(6), ORS 442.315

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Principles

333-645-0020 (1) Given the diversity of services possible, rehabilitation units should provide the least restrictive and most cost-effective setting possible to meet patient needs. Applicants shall demonstrate that their proposed services are the least costly of any reasonable alternatives.

- (2) Available resources shall be coordinated by the provider to insure linkages among various levels and settings of rehabilitation services.

- (3) Remodeling of rehabilitation services shall be in compliance with Section 504, Public Law 93-112 (the Rehabilitation Act of 1973); the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (36 CFR Part 1191); and all pertinent State of Oregon structural, licensing, and building codes.
- (4) CIRFs shall demonstrate that they participate in sharing of services or any other programs which result in efficient cost containment.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

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Elements in Calculating Need for Rehabilitation Services

333-645-0030 (1) Total need for inpatient rehabilitation services in such inpatient facilities shall not exceed seven beds in 100,000 general population:

- (a) Determination of hospital service area is to be consistent with OAR 333-590-0040, or with historical use patterns for rehabilitation services if these are demonstrably different from a defined hospital service area;
- (b) Adjustments to this standard can be made where a specialty rehabilitation service is proposed, if the applicant submits information demonstrating the sizes of populations at risk in the proposed service area; the current and historical rates of hospitalization in Oregon for those groups; and the availability, accessibility, quality, and levels of utilization of existing inpatient services addressing

the needs of those groups in Oregon. An example of a specialty rehabilitation unit would be a unit specializing in strokes.

- (2) Expansion of existing rehabilitation units shall be given priority over creation of new rehabilitation units for comparable services, unless it can be demonstrated that the applicant is offering the least costly service.
- (3)
 - (a) Rehabilitation units must have an annualized occupancy rate of at least 85 percent prior to expansion of any bed capacities, and expansion should be such that the unit can maintain a minimal occupancy rate of 75 percent on unit capacity, within 1-1/2 years of certificate of need approval;
 - (b) A new rehabilitation unit must demonstrate that it will be able to achieve and maintain a minimal annual occupancy rate of 75 percent of unit capacity within three years of certificate of need approval.
- (4) Bed need calculation and minimal occupancy rate for rehabilitation services is to be consistent, where applicable, with the methods and principles established in OAR 333-590-0030 to 333-590-0060.

Stat. Auth.: ORS 431.120(6), ORS 442.315

Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994, f. & cert. ef. 4-22-94