

Post Acute Brain Injury Rehabilitation Facilities
Policy Number: IN0565

Active policy, not scheduled for routine review.

Definition:

A facility which provides a supervised environment, safety management, rehabilitation therapy services, and controlled community activity in a home-like setting. Emphasis is on community re-entry by teaching new, adaptive skills or relearning/restoring previous skills. The facility usually provides residential programs, day programs, and home-based programs.

Coverage:

1. Benefit coverage is available for residential programs at a negotiable per diem rate at the discretion of the Claims Processor with the approval of the Executive Administrator.
2. The following conditions must be met;
 - a. The Claims Processor has negotiated a contract agreement with the facility.
 - b. As an alternative setting to a Sub-acute rehabilitation or skilled nursing facility.
 - c. A physician is available 24 hours per day.
 - d. Skilled care is provided by an RN or under the supervision of an RN.
 - e. Physical, occupational, and speech therapies are provided by licensed therapists or under their supervision, and must be available at least 5 days per week.
3. If certification is not obtained, coverage will be provided at the outpatient, ancillary rate.

Approval Procedures:

1. Certification is required every 7 days, or less frequently as determined by the Claims Processor.
2. A referral and treatment plan signed and dated by the physician must be submitted to the Medical Review Department.

Documentation must include:

- a. Member ID number
 - b. Patient's mailing address
 - c. Medical diagnosis, including patient's physical and mental status, long and short-term goals, and frequency and duration of rehabilitation therapies
 - d. Specific skilled services required
 - e. Expected duration of admission
3. An agreement to the negotiated per diem rate must be signed by the facility administrator or his/her designee.
 4. The provider will be notified of approval requests, and the member and provider will be notified if request is denied.

Limitations and Exclusions:

1. The patient must have been in a skilled facility or had been receiving skilled services prior to admission.
2. The patient must appear to have rehabilitative potential, and must require skilled services on a continuing, daily basis.

Authority:

G.S. 135-42(b)

G.S. 108A-70.21(b)

G.S. 135-39.5(18) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.1(1a) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.6(2)(b) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.6(2)(f) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.7(16) (statute effective through 06/30/2008 for Predecessor Plan)

Complete Review of Policy:

January 1995

March 2005

Revised:

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