

**EASTERSEALS  
MEDICAL REHABILITATION POLICY MANUAL**

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SUBJECT: Scope of Services  
POLICY NO: EMR 1  
DATE OF ORIGIN: 2013  
DATES REVISED: 04/22/2020, 09/22/2022, 05/08/2023

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**PURPOSE:** To outline Easterseal's Medical Rehabilitation Center Scope of services.

**SCOPE OF SERVICES**

**MEDICAL REHABILITATION**

Outpatient rehabilitation Services provided at 158 State Street, Meriden, Connecticut Our team of professionals in the areas of rehabilitation is comprised of physical therapists, occupational therapists, speech therapists, and social workers.

Comprehensive services available are:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

All services are provided by referral only/Physician orders

**POPULATION SERVED**

Include children to adults who have neurological, orthopedic and or developmental disabilities requiring rehabilitative services. The people we serve are medically stable with low medical acuity and stable psychological status. We serve people of all impairments and activity limitations. Impairments may involve a person's body and/or mental structure or function. We have the capacity to treat a wide array of impairments, including but not limited to loss of vision, difficulty effectively utilizing an extremity due to pain, loss of memory, difficulty walking, loss of function of an extremity, and difficulty with participation in activities due to cognitive disabilities. Modifications and adaptations by staff can be utilized to meet the cultural needs of our people served within the community. The population served here may also have behavioral/mental health comorbidities; for example, ASD, ADHD, PTSD, schizophrenia, and bipolar disorder. Behavioral issues arising from these may be safely managed by our staff through guided strategies and redirection. Discharge to home is our intended discharge plan for all people served at our facility. We accept patients with participation limitations in employment, transportation and any other life situations that may restrict them in treatment at our facility.

**Pediatric Program Scope**

Speech and Language program- Any speech and language issues including but not limited to intelligibility, stuttering, articulation issues and speech delay.

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OT program- Treatment of orthopedic, cognitive, and vision issues. We specialize in feeding issues and fine motor coordination deficits. We do not have a sensory gym therefore we cannot meet the sensory needs of certain children craving a sensory integrative treatment approach.

PT Program- Treatment of orthopedic issues, ambulation issues and adaptive wheelchairs.

**HOURS OF OPERATIONS**

Open Monday through Friday.

All services except speech and language are offered throughout our operating hours. Walk-ins are welcome.

Monday	7:30am - 7:00pm
Tuesday	7:30am - 7:00 pm
Wednesday	7:30am - 7:00pm
Thursday	7:30am - 7:00 pm
Friday	7:30am - 4:30pm

**PAYER SOURCES**

Accept all payer sources including but not limited to Medicare, Medicaid, Workman's Comp and private insurers.

**Fees**

Medical Rehabilitation- Fees are determined by our payer source in regards to copayments. Private pay fee schedule is following: Initial Evaluation \$95.00 and then \$75.00 per treatment.

**REFERRAL SOURCES**

PT, OT and SLP referrals sources are predominately from primary care physicians and orthopedic surgeons from the local Meriden Area. Social service referrals are internally processed through treating therapists identifying a patient's need for social work intervention.

**FREQUENCY OF TREATMENT**

Based on medical necessity as determined by the evaluation process and Physician Orders. Most patients are typically treated 2-3 times per week.

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SUBJECT: ADMISSIONS/DISCHARGE/TRANSITION CRITERIA  
POLICY NO: EMR 02  
DATE OF ORIGIN: 2013  
DATES REVISED: 04/22/2020, 09/22/2022, 08/25/2023

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**ADMISSION CRITERIA**

Individuals requiring physical therapy, occupational therapy and speech/language therapy will be accepted by the Center on physician referral for evaluation. Referrals from other agencies, schools, families, and insurance companies will also be accepted in compliance with state law and individual practice acts. If on a rare occasion, it is determined by the Site Manager of Outpatient Medical Rehabilitation that Easterseal's cannot meet the specialized needs of a patient, a referral will be made to the appropriate rehabilitative setting.

**PROCEDURES:**

**REFERRALS**

1. Referrals to the program should be accompanied by pertinent information regarding the person served such as: age, medical acuity, medical stability, impairments, disabilities, psychological status, intended discharge environment, medical history, reason for referral, precautions, other significant medical diagnosis & prognosis, specific recommendations for frequency and duration, if known, records of prior treatment and a prescription for therapy.
2. Upon receipt of a referral and the necessary accompanying information, patients will be scheduled for evaluation and therapy.

**REPORTING**

1. The referring physician will be sent a copy of the initial evaluation summary, treatment, and plan of care. They will be notified when the patient begins in the program and will receive periodic progress reports at least every 30 days.
2. Easterseal's shall maintain appropriate communication with other agencies, referral sources and professionals who are concerned with the care of the patient. The purpose of these communications will be to facilitate coordination of the overall treatment program according to the Centers policy on release of information and confidentiality.

**NO SHOWS/ CANCELLATIONS**

1. Upon Admission, patients will be notified that failure to attend their therapy sessions could result in discharge
2. The data on no-shows-cancellations are recorded in our EMR records. Numbers are tallied and analyzed each month.

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3. If the patient continues to no show/cancel after multiple attempts to schedule, even with phone confirmation of appointment and/or mailed letter, the therapist will discharge and notify the referring doctor.

**NON-VOLUNTARY DISCHARGE**

The agency has adopted a policy and established a procedure for managing a non-voluntary discharge. Reasons for non-voluntary discharge include:

1. Non-compliant-Excessive Absenteeism
2. Physically dangerous to his/her self or staff
3. Unacceptable Behavior/Conduct- after appropriate discussion/interventions with patient.

The patient is informed of the policy through the patient attendance contract as well as discussion with treating therapists and referring physician. The decision for non-voluntary discharge will be made by the team and will include:

1. Site Manager of Outpatient Medical
2. Primary Treating Therapist

**DISCHARGE PLANNING/CRITERIA**

1. The discharge planning of a patient is carried out with their full knowledge and/or their family support system and in collaboration with other relevant stakeholders when the patient has achieved their predicted outcome/maximum benefit.
2. A patient's treatment program will be discontinued when it is determined that the predicted outcome and or maximum benefit has been reached. The determination of maximum benefit should be made in consultation with the referring physician and other team members including the family.
3. If a client becomes hospitalized or is unable to attend due to illness or injury, he/she shall be discharged. Readmission can then occur following a new referral.
4. If the discharge plan for the person served has changed, it will be clearly communicated to the person served, their family, and other relevant stakeholders.

**REPORTING**

1. A functional discharge survey is completed on the last visit using our EMR system.
2. A discharge summary is created through EMR and faxed to the referring physician
3. The discharge summary should include reporting number of treatments, patient's attendance level, goals progress related to plan of care, patient's functional level/objective measurements at time of most recent reassessment and prognosis.

**Transition Criteria**

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1. If an outpatient is to be transferred to another health facility, a copy of the patient's clinical record or an abstract thereof will accompany the patient. This record will only be released upon receiving written consent per Easterseal's policy.

# **EASTERSEALS MEDICAL REHABILITATION POLICY MANUAL**

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**SUBJECT:** Formal Complaint Policy  
**POLICY NO:** EMR 05  
**DATE OF ORIGIN:** 2009  
**DATES REVISED:** 2011, 09/2017, 09/22/2022

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## **POLICY**

It is the policy of Easterseals that all individuals served who express a complaint shall have their complaint documented, reviewed, addressed and managed by the procedure listed below. Easterseals staff shall not discourage an individual from filling a complaint. The filing of a complaint will not result in retaliation or barriers to services.

Easterseals encourages any individual with concerns regarding services offered by Easterseals to bring these concerns to the attention of a staff member. Easterseals will work to resolve concerns informally. For individuals that feel that their concerns have not been resolved informally, this Formal Complaint Policy will be followed.

## **PROCEDURES**

### **Definition/Explanation**

A complaint, may be related to any of the following and claims that an employee or the organization:

1. Violated a right of an individual.
2. Treated an individual unjustly or unfairly.
3. Failed to provide promised services.
4. Denied services.
5. Reduced or terminated services.

A complaint may be filed by an individual, a family member or friend, an advocate, a staff member or a guardian or conservator. Detailed information about the complaint outcome will be provided to the individual, guardian or conservator only after consent to share is obtained.

Any individual served that has a complaint or feels they have been treated unfairly or unjustly should report the matter to his or her program staff. The staff receiving the initial reports will immediately report it to the department manager.

Any Easterseals staff member has the right to fill out and file a complaint on behalf of an individual served. Within 24 hours of receiving the complaint, the Director of Rehabilitative Service Programs will meet with the individual who filed the complaint to listen to the complaint. This meeting should be documented via a summary format and emailed to the Vice President of Program Administration.

The Site Manager of Outpatient Medical Rehabilitation will lead an investigation into the conditions of the complaint. Interviews should be conducted with appropriate parties who may have witnessed the events involved in the complaint. The review may take no more than three working days from the date that the complaint was filed.

Once this review process is complete, Site Manager of Outpatient Medical Rehabilitation will respond in writing to the complainant regarding the findings of the review process, and what action is to be taken regarding the complaint.

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Possible resolutions include, but are not limited to:

1. A finding of no action, if there is a finding that no agency or departmental policy or procedure has been violated.
2. Corrective action may be recommended to ensure compliance with agency and departmental policy and procedures.

If after three working days the complainant is not satisfied with the resolution, they can request to appeal the resolution in writing and request a meeting with the Site Manager of Outpatient Medical Rehabilitation. This meeting must be scheduled no more than two working days after the receipt of the written request for appeal.

If the complainant is still not satisfied with the solution being offered or steps taken at this time, they can appeal in writing to any member of Easterseals Corporate Compliance team. The Corporate Compliance Leaders will arrange for you to meet with them within ten working days from the initial date of filing the complaint. The Compliance Leaders will seek to resolve the complaint including pursuing guardianship, conservatorship, self-help groups and/or advocacy assistance, if it was found necessary. The Compliance Leaders will inform the complainant in writing of the outcome of the appeal review within one working day of the review.

If at any time during the inquiry into a complaint, the Corporate Compliance Leaders have reason to believe that a violation of a work rule, policy or a criminal statute has occurred, the Corporate Compliance Leaders will immediately initiate the appropriate process by reporting it to the agency Human Resources Department, the Office of Protection and Advocacy, or other appropriate bodies.

The complainant shall also be informed of their right to a review by any appropriate external agency.

Any individual that has filed a complaint shall be informed of their right to an advocate or representative on their behalf to assist them throughout the complaint procedure and also to ensure protection of their rights and interests.

The Site Manager of Outpatient Medical Rehabilitation will maintain a file of complaints received throughout the year and on a yearly basis compile a report that summarizes:

- The number of complaints.
- The nature of complaints.
- Analysis of any trends involving complaints.
- Time frame within complaints was resolved.
- Any recommendations for changes in any agency or departmental policies, procedures, or services.

Site Manager of Outpatient Medical Rehabilitation will prepare a Final Summary report for submission on a yearly basis to the Vice President of Program Administration. The Site Manager of Outpatient Medical Rehabilitation along with the Vice President of Program Administration examines trends and implements appropriate changes in agency or departmental policies and practices.

Copies of the Final Summary are filed in the Annual Summary Binder.