RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Occupational Therapy and Recreation Therapy Department

POLICY AND PROCEOURE

SUBJECT: OUTPATIENT SERVICES FOR OCCUPATIONAL THERAPY	Policy No.: 310 Revised: November 2015 Supersedes: May 2013 Page: 1of 4

PURPOSE

To communicate the scope of occupational therapy outpatient services and the procedure to be followed.

POLICY

A. . A physician's order (including Physician Assistant or Nurse Practitioner within their scope of practice) for occupational therapy services must be present in the patient's medical record in order for patient to be seen for an OT evaluation (see Policy No. 308.

B. The physician's approval of the treatment plan must be obtained within 2 weeks after the OT evaluation.

C. Physician's re-certification of need for ongoing treatment must be obtained every 90 days for patients with Medicare coverage. For all patients, any change in treatment plan requires physician's signed approval.

D. Occupational therapy departmental requirements on documentation, including the physician's co-signature on appropriate notes, shall be followed.

E. Patients who fail to keep two (2) appointments without strong justification shall be discharged from treatment.

SCOPE OF SERVICE

A. In Outpatient Central Clinics:

1. Staffing: Therapists may be assigned to outpatient follow-up and/or evaluation clinics which are associated with an inpatient program that is served by occupational therapy.

2. Physician Orders:

   a. For patients seen in central clinics, a physician's order for OT evaluation and/or treatment must be present in the medical record for the date the therapist sees the patient in clinic.

b. For patients to be seen in other outpatient areas, a referral may be initiated by the physician on the appropriate form: Outpatient Therapy Referral Form (Attachment A), or Specialty Outpatient Referral Form (Attachment B).

3. Services Provided are based on the needs identified from physician, available records, the patient, family, allied health personnel, community agency, or screening by the therapist and may include, but are not limited to:

a. Evaluation of functional and physical status.

b. Recommending to the physician a patient's rehabilitation potential and the program indicated.

c. Communicating to the physician changes in functional or physical status which may require further medical assistance or influence upper extremity surgical procedures.

d. Following-up of and updating home programs.

e. Instructing or re-instructing the patient, family or other caregiver in home program and/or activities of daily living skills.

f. Providing information on community resources.

g. Evaluating need for equipment, and ordering equipment as indicated (e.g., hand splints, mobile arm supports, self-help equipment).

h. Instructing patient when ordered equipment has been delivered.

i. Making repairs or appointments for repair of equipment (e.g., hand splint).

j. Evaluating need and making referrals to other programs (e.g., OT Driver Rehabilitation Program, OT Vocational Rehabilitation, State Department of Rehabilitation, or OT services through the Visiting Nurses' Association).

k. Scheduling appointments for patients to be seen in the occupational therapy treatment area, if needs cannot be met in the outpatient clinic setting.

l. Coordinating care, when indicated, with other Rehabilitation Therapy disciplines.

B. In the Outpatient OT Treatment Area:

1. Physician orders:

a. An Outpatient Therapy Referral Form (Attachment A) must be signed by the physician prior to the patient being seen.

b. For patients referred by a community physician, a signed prescription for therapy is required prior to the patient being seen.

c. All referrals must be current within the medical insurance/payer requirements.

2. Patients seen in the Occupational Therapy treatment area fall into one of three groups:

a. Patients who require in-depth evaluation that is not possible in the Outpatient Central Clinic setting.

b. Patients who require an outpatient program for specific goals and a specified time period.

c. Patients who are referred to Rancho specifically for occupational therapy by a physician from the community (see Attachment C).

3. Services provided include, but are not limited to:

a. Evaluation and training in activities of daily living (self-care, home skills, community skills, vocational and avocational skills).

b. Assessment and treatment of physical, neurological, cognitive, perceptual, or vision deficits which impact the individual's function.

c. Specific pre-/or post-operative therapy management for patients who undergo upper extremity surgery.

d. Training in use of specialized equipment (e.g., mobile arm supports, upper limb prosthesis).

4. In addition to outpatient occupational therapy related to specific medical services, specialized programs are available for:

   a. Driver Rehabilitation

   b. Vocational Rehabilitation

   c. Technology Evaluation

PROCEDURES

1. The therapist is responsible for checking that there is a current, signed physician's order for occupational therapy prior to the patient being seen.

2. All failed appointments are documented in the medical record by the therapist. Discontinue further occupational therapy if a patient fails to keep two (2) appointments without a valid reason.

3. Documentation:
   a. Document outpatient treatment according to the established departmental policy and procedure. Refer to Departmental Policy and Procedure No. 401 on Medical Documentation for Occupational Therapy.
   b. In the case of patients referred from the community, obtain physicians' approval of the treatment plan and co-signature on notes by fax.

Occupational Therapy and Recreation Therapy Department

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
COMMUNITY REFERRAL – OUTPATIENT THERAPY

Date Referred:
Date Rec'd:

Does this patient have a Rancho #?
☐ NO ☐ Yes, Number:

Patient Name:		DOB:
Phone Day: ( )	Phone Cellular: ( )	Contact Person Name:

☐ **OCCUPATIONAL THERAPY:**	**Appointment Date/Time:**
☐ **PHYSICAL THERAPY:**	**Appointment Date/Time:**
☐ **SPEECH THERAPY:**	**Appointment Date/Time:**

Evaluate, Develop Treatment Plan and Treat to address problems related to:

DIAGNOSIS (Required): Onset Date (Required):

RELEVANT MEDICAL HISTORY:

PRECAUTIONS (Required):

PRIORITY: ☐ Urgent (ASAP) ☐ Routine

REASON FOR REFERRAL (Choose ONE): ☐ Rehabilitation – Neuro Dx ☐ Rehabilitation – Orthopedic
☐ OUTPATIENT ☐ Rehabilitation – Amputation ☐ Rehabilitation – Pediatric

TO ADDRESS PROBLEMS RELATED TO :

Medical Provider Information:

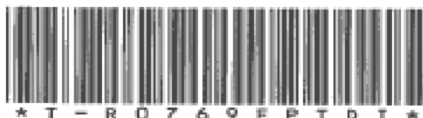
REFERRING PROVIDER NAME (Please Print):		PHONE #:
ADDRESS		FAX #:
LICENSE #:	NPI #:	EMAIL:

REFERRING PROVIDER SIGNATURE	DATE

* **DO NOT USE** for Inpatient Rehabilitation Evaluation. For Referral to Inpatient, Contact the Outpatient Referral Office at the number listed below.

*** Please return this form and the Patient Information form to:**
Rancho Outpatient Referral Office
Telephone: (562) 401-6536 Fax: (562) 401-7604
Email: OutpatientTherapy@dhs.lacounty.gov (please send encrypted)

MRUN
NAME
DOB/GENDER



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

SPECIALTY OUTPATIENT THERAPY REFERRAL

Date Referred:	Phone Day: ( )	Phone Evening: ( )
Date Rec'd:	Contact Person Name:	Relationship to Patient:

Perform Evaluation, Develop Treatment Plan and Treat Patient for the Following:

☐ SEATING CENTER:

ORDER ITEM: PT SEATING CENTER | Appointment Date/Time:

DIAGNOSIS (required):	PRECAUTIONS (required):

REASON FOR REFERRAL (Choose ONE):
☐ Cushion Evaluation ☐ New Wheelchair / Seating System Evaluation ☐ Fitting Clinic

TO ADDRESS PROBLEMS RELATED TO:
☐ New Manual Wheelchair ☐ New Power Mobility Device / Wheelchair ☐ New Seating System
☐ New Cushion / Pressure Sores ☐ Wheelchair Modifications / Adjustments (to correct posture or discomfort)

FOR NEW WHEELCHAIR EVALUTION REFERRAL, SPECIFY (REQUIRED)

Date of Face to Face Examination: ____________ Length of Need for Wheelchair: ☐ Temporary Need ☐ Lifetime Need

COMMENTS:

☐ C.A.R.T. Center for Applied Rehabilitation Technology

ORDER ITEM: CART/ OT PT ST Evaluation | Appointment Date/Time:

DIAGNOSIS (required):	PRECAUTIONS (required):

TO ADDRESS PROBLEMS RELATED TO:
☐ Functional Mobility ☐ Computer Access ☐ Communication ☐ Environmental Controls

COMMENTS:

☐ DRIVER TRAINING:

ORDER ITEM: OT EVALUATION DRIVING | Appointment Date/Time:

DIAGNOSIS (required):	PRECAUTIONS (required):

TO ADDRESS PROBLEMS RELATED TO:
☐ Ability to return to driving ☐ Driver license determination/Information for DMV
☐ Assess adaptive equipment ☐ Information for modified vehicles

COMMENTS:

☐ VOCATIONAL SERVICES:

ORDER ITEM: OT EVALUATION VOCATIONAL | Appointment Date/Time:

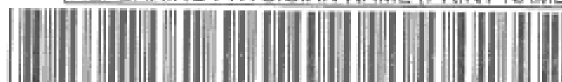
DIAGNOSIS (required):	PRECAUTIONS (required):

TO ADDRESS PROBLEMS RELATED TO:
☐ Basic Computer Skills ☐ Community Re-Entry / Work Exploration
☐ Worksite Evaluation ☐ Functional Capacity Evaluation ☐ Return to a specific job

COMMENTS:

REFERRING PHYSICIAN (SIGNATURE)	DATE/TIME:
REFERRING PHYSICIAN NAME (PRINT NAME)	DICTATION #:

PATIENT INFORMATION
MRUN
NAME
DOB/GENDER



T-R0446ERTDA

FILE IN MEDICAL RECORD

PROCEDURE FOR ACCEPTING INQUIRIES/REFERRALS FROM PATIENTS AND PHYSICIANS FROM THE COMMUNITY

The following is the procedure for responding to inquiries regarding outpatient occupational therapy from non-Rancho physicians or patients (excluding specialized programs such as CART. Driver's Training, Vocational Evaluation).

1. All inquiries from non-Rancho patients, physicians, or case managers regarding outpatient therapy treatment must be referred to the Ambulatory Care Office.

2. Referrals from the community are given a lower priority than referrals from within RLANRC and referrals from other LA County Department of Health Services facilities.

   The priorities are as follows:

   a. RLANRC Inpatient to Outpatient referrals.

   b. RLANRC post surgical referrals.

   c. RLANRC referrals from outpatient follow-up/evaluation clinics or central clinics.

   d. Referrals from other LA County Department of Health Services Facilities.

   e. Community referrals.

   f. Other referrals.

5. The Clinical Manager or Senior Therapists may be asked to work with Ambulatory Care office staff to determine appropriateness of referrals.

6. Ambulatory Care Office staff is responsible for obtaining physician's order, relevant medical records, and financial screening and will call the outpatient therapy clerk to schedule the initial appointment. Ambulatory Care Office staff will ensure that all relevant patient information is sent to outpatient OT area prior to scheduled appointment.

7. Therapist is to follow Departmental Policy and Procedure No. 410 on Medical Documentation for Occupational Therapy for documentation and reports for community referrals.

8. Specialized programs may have a different procedures/criteria for accepting community referrals.