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Owner Sharon Hilburn:
Supv Clinic NE
Area JTR
Administrative
Applicability INTEGRIS
Jim Thorpe
Rehabilitation

Scope of Services, JTH-101

1. SCOPE:

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health Jim Thorpe Rehabilitation and specifically the CMS Providers and entities indicated in the Applicability section.

PURPOSE:

To describe the INTEGRIS Health Jim Thorpe Rehabilitation (IHJTR) scope of services.

POLICY:

SCOPE OF SERVICES

Population Served

INTEGRIS Health Jim Thorpe Rehabilitation (IHJTR) is a comprehensive inpatient rehabilitation program serving patients 18 years and older and provides eligible patients of all cultures. We serve patients with rehabilitation diagnoses for a variety of medical, physical, and functional needs. Some of the medical conditions and diagnoses of the program include:

- Stroke
- Brain Injury
- Spinal Cord Injury

- Amputation
- Orthopedic
- Multiple Trauma
- Cardiac
- Pulmonary
- Myopathy
- Neurological disorders
 - Multiple Sclerosis
 - Muscular Dystrophy
 - Parkinson's Disease

Setting and Times of Service

Services are provided 24 hours a day, 7 days a week in the rehabilitation setting. Nursing services are 24 hours per day, and therapy services are offered between the hours of 7:00 am to 6:00 pm each day of the week. Comprehensive inpatient services, including diagnostic case management/social work, orthotics/prosthetics, dietary, wound care, imaging, respiratory, laboratory, pharmacy, consult services, chaplaincy, dialysis, and other traditional services are provided.

Referral Sources, Payers and Geographic Areas Served

Referrals are made from local and regional healthcare facilities through internal and external medical centers. Referrals are captured through Careport/Wellsky, EPIC, and electronic faxes. Referrals are reviewed through standard admitting procedures of IHJTR. IHJTR accepts Medicare, Medicare HMO, Medicaid, Workers Comp, Indian Health, Self-Insured, and contracted Commercial insurance plans, but admission is non-discriminatory to payer source. Fees are based on payer agreements and federal regulations. Cultural and behavioral needs are assessed by the caregivers on admission. Physicians with staff privileges may follow their patients through the rehabilitation program or refer them to the IHJTR Medical Director for overall management. Physicians deciding to follow their patients through the program agree to the program's general medical management plan. We serve patients throughout Oklahoma and surrounding states from our three metro inpatient rehabilitation locations.

Services, Frequency and Communication Technologies

A pre-admission screening is performed to assess the best placement for service within the continuum of care. The clinical staff, including but not limited to physicians, nurses, therapists, social workers and case managers are provided directly by IHJTR. They assess the patient's impairments, activity limitations, participation restrictions, and evaluate the potential for improvement, preparing an individualized treatment plan and plan of care. Nursing and medical services are provided on a daily basis. Patients receive three hours of therapy at a minimum of five days a week. Therapy disciplines include physical therapy, occupational therapy, and speech language pathology. Behavioral & psychological considerations are also taken into account in determining the most appropriate

rehabilitation unit placement. The person served gives input into the goal-setting process. Communication technologies include the use of phone calls, iPads, & video conferencing services for consultations and sessions as appropriate. These consultations service patients within the INTEGRIS Health Jim Thorpe Inpatient Rehabilitation program for patients located within the rehabilitation units. Communication technology is available to facilitate support system education regardless of location. The providers using communication technology are licensed and credentialed meeting state and hospital standards. The intended discharge environment is identified early in the rehabilitation process to allow for appropriate and timely recommendations to be made by the treatment team and to facilitate planning for the patient & family.

In addition to quality medical, psychological, and social services, the patient and family have a variety of educational opportunities available which are designed to improve the understanding of the existing illness or disability. Family conferences are scheduled as needed to bring the patient, his/her family, and the treatment team together to discuss concerns and problems facing them. These sessions are designed to encourage and assist patients and families to think about the future and begin to take the steps necessary to reach the outcomes desired.

When appropriate, the patient and his/her caregivers will be able to practice what they learn by taking scheduled therapeutic passes. The passes are planned by the treatment team and approved by the attending physician to assist the patient and family to make the adjustment to physical disability in a positive way. Home, job, and school assessments are also planned as necessary to make recommendations to the patient, family, employer, and school for modifications to the environment to minimize participation restrictions.

Follow-up contact of a representative sample of patients is made at three months post discharge. Information gathered from the follow-up sampling is used to evaluate durability of outcomes and program efficiency.

Admission and Continued Stay Criteria

- Patient must be medically stable
- Patient must be able to tolerate an intensive rehabilitation therapy program consisting of three hours of therapy per day at least five days per week or consist of at least 15 hours of intensive rehabilitation therapy within a seven-day consecutive period, beginning the date of admission
- Nursing care must be provided 7 days a week
- Patient must require two or more therapies, one of which will be a physical or occupational therapy, as well as a coordinated interdisciplinary approach to rehabilitation
- Patient must have experienced a functional decline
- Patient must have potential for improvement
- Patient must be cooperative to treatment plan
- Patient must require supervision by a rehabilitation physician to assess the patient both medically and functionally

Program Restrictions

Restrictions of the program includes:

- Ventilator- dependency
- Persons under the age of 18
- Non-Responsive or unable to follow commands
- Severe dementia
- Combative behavior not corrected through behavior management or modification
- Spinal cord injuries at C4 or higher are assessed on a case-by-case basis by physician
- Unstable labs
- Certain airborne precautions for respiratory conditions such as tuberculosis

Scope of Services: Stroke Program

Stroke patients will fall under the standard scope of service and include types of evaluations related to the diagnosis and treatment of stroke to include, but are not limited to, evaluations of sensorimotor performance and functional abilities, evaluation of swallowing and communication disorders. Services are provided for patients that experienced an ischemic stroke, hemorrhagic stroke, or transient ischemic attack. Other treatments include but are not limited to stroke prophylaxis: education and training, ambulation and gait training, exercise and joint mobilization, stroke education, feeding and self-care training, transfer training, family training, assessment for equipment needs, language, swallowing and other speech therapies, blood pressure management and neurodevelopmental therapies. IHJTR is equipped with specialized equipment and a mobility center. Equipment includes a Lokomat, Bioness, Bioness Integrated Therapy System, Galileo Vibration system, and LiteGait. Speech language services include VitalStim or AmpCare. There are also Aquatics Therapy and Drive Safety services available.

Scope of Services: Spinal Cord Injury Program

Spinal Cord Injury patients will fall under the standard scope of service and include types of evaluations related to the diagnosis and treatment of spinal cord injuries to include, but are not limited to, evaluations of performance and functional abilities. This includes individuals with spinal dysfunction due to traumatic injury or from a non-traumatic disease or surgery. All levels of traumatic and non-traumatic incomplete spinal cord injury are accepted. Spinal cord complete injuries at C4 or higher are assessed on a case-by-case basis by physician assessment. Patients who are ventilator dependent are not accepted into the program. Additional patient populations, including those with multiple sclerosis, Guillain-Barré syndrome, transverse myelitis, or motor neuron disease, may also be considered for admission on a case-by-case basis. We provide 24-hour rehabilitation nursing, rehabilitation physician coverage, evidence based therapies, family training, education and support to address each patients' needs, including bladder, bowel, respiratory function, mobility, skin integrity, nutrition, cognition,

emotional, behavioral or sexual concerns and other issues/co-morbidities. This comprehensive approach to SCI rehabilitation, provides a strong continuum of care post-discharge.

Scope of Services: Brain Injury Program

Individuals may be admitted to the brain injury program with an acquired BI including, but not limited to, traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm. They must also be assessed at Level V or higher on the standardized Ranchos Scale of cognitive functioning to be considered for admission. Traumatic brain injuries may result from motor vehicle crashes, sports, recreational activities, and falls. Non-traumatic brain injuries may result from tumors, cervical stenosis with myelopathy, or surgical interventions. Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission. Inpatient rehabilitation focuses on restoring the individual's strengths, skills and functional independence. Our program provides comprehensive post-acute community re-entry services, helping to prepare persons with acquired brain injury to return to independent living and productive activity at home and/or in the community.

Approval Signatures

Step Description	Approver	Date
VP Approval	Tess Clemens: Vice President Inpatient Rehabilitation	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	David Tipton: Medical Director	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Mary Gates: Mgr Rehab Care Coord	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Melyssa Bolhuis: RN Quality Consultant	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Nicole Arebalo: Mgr Rehab Therapy	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Gina Melson: Mgr Nursing	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Alyzabeth Barbalace: Mgr Nursing	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Karen Adams: Mgr Nursing	09/2026
Jim Thorpe Rehab Inpatient Policy Approval Committee	Derick Deweber: Mgr Rehab Therapy	09/2026
Jim Thorpe Rehab Inpatient	Hilary Perdue: Mgr Rehab	09/2026

Policy Approval Committee	Admissions Inpatient	
Director Approval	Charita Chavez: Dir Nursing	09/2026
Director Approval	Lindsey Treaster: Dir Rehab Inpatient	09/2026
Policy Owner Approval	Sharon Hilburn: Supv Clinic NE	09/2026

Applicability

INTEGRIS Jim Thorpe Rehabilitation

Standards

No standards are associated with this document

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