

MICHIGAN
QUALITY REHABILITATION
SERVICE DELIVERY
GUIDELINES

Michigan Coalition for Quality
Rehabilitation Performance
Lansing, Michigan

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Introduction

The Michigan Coalition for Quality Rehabilitation Performance Guidelines is pleased to publish these rehabilitation service delivery guidelines. The Coalition members are listed on page 2. These organizations have come together to develop guidelines for the promotion of measurable and appropriate delivery of rehabilitation services in the State of Michigan.

The rehabilitation of an individual is enhanced by timely and appropriate referral and coordination of service delivery. This document has been developed as a guideline to identify what can be reasonably expected in regard to appropriate rehabilitation service delivery. Stakeholders in the rehabilitation process include: people with disabilities, employers, insurers, referral sources, labor organizations, medical providers, attorneys and rehabilitation practitioners.

Preamble

The goal of rehabilitation services is to coordinate timely and effective health care and facilitate the return of a client to suitable productive employment. The provision of rehabilitation services is a multi-disciplinary and coordinated process. To that end, the Coalition acknowledges that rehabilitation services are provided in a number of settings by many professionals with different levels of expertise, training and credentials.

These guidelines apply to rehabilitation service delivery in two primary areas: Medical Case Management Services and Vocational Rehabilitation Services. The integration of vocational services with medical case management can accelerate the return to work process, maximize outcomes and manage benefit expenditures.

The Coalition recognizes that rehabilitation services are provided under a variety of federal and state laws and insurance coverages. However, certain uniform service delivery practices are applicable in any rehabilitation setting. Rehabilitation practitioners are to respect the integrity and protect the welfare of the people and groups with whom they work, with the primary obligation to the rehabilitation of the person with a disability, who is the client. *Rehabilitation service providers are expected to adhere to all standards and ethical guidelines applicable to their professional discipline.*

Michigan Coalition Members:

Michigan Rehabilitation Association (MRA) - **Adopted, 7/13/00**

Michigan Association of Rehabilitation Professionals (MiARP) -
Adopted, 2/16/00

Michigan Rehabilitation Counseling Association (MRCA) - **Adopted,
8/17/00**

Michigan Association of Service Providers in Private Rehabilitation
(MASPPR), **Adopted, 8/1/00**

Case Management Society of America - Detroit Chapter (CMSA-DC)

Detroit Michigan Association of Occupational Health Nurses
(DMAOHN), **Adopted, 2/17/00**

Service Delivery Guidelines

Referral:

There is essential information that should be obtained before a client is accepted for services:

- Purpose of referral, including funding source.
- Referral source special instructions for service, if any.
- All pertinent medical and related data.
- Necessary releases to contact the injured/ill client.
- Attorney name and telephone number, if applicable.

Evaluation and Assessment:

The first critical step in the rehabilitation process is the evaluation and assessment. This can only be accomplished with a face to face meeting with the client. Depending upon the purpose of the referral the rehabilitation practitioner may emphasize various elements of the evaluation: however, the following points should be considered in any written evaluation:

- Identify to the client the role of the rehabilitation practitioner and obtain written permission from the client to participate in his/her recovery process.
- Obtain thorough medical information to include, specifically, the client's physical restrictions and/or limitations; and a thorough vocational, psychosocial, and educational history.
- Vocational history shall include skills, wages, working conditions, reasons for leaving previous employment, re-employment potential and possibilities.
- Obtain pertinent financial information needed to assist with identifying beneficial community resources; for example, SSDI, Pell Grant, etc.

- Assess the client's level of understanding and expectations related to the diagnosis, prognosis and treatment options.
- Client's education and specialized training, whether formal or informal.
- Summary of the data with emphasis on the client's assets and limitations, with recommendations to facilitate the purpose of referrals.

Plan Development:

Rehabilitation practitioners, whether medical or vocational, may write a wide variety of rehabilitation plans, individually developed for each client's needs. However, there are certain elements that should be met when a plan is developed:

- The client should be an active participant in the development of the rehabilitation plan.
- When the plan is written, all interested parties should agree before its implementation.
- The vocational plan should be signed by the client and/or representative and the vocational rehabilitation practitioner. The signed plan is not usually a requirement for medical case management services.
- The rehabilitation plan and any revisions should be based on consultation with all relevant parties, including medical providers.
- A rationale for the plan should be documented and based on the information gathered through the assessment process, including taking into account abilities and interest testing as well as research efforts needed to determine the potential success of the plan.
- The plan should include clearly stated goals with both long and short-term objectives.
- The plan should identify the responsibilities of all parties, the action steps for which they are responsible, including fiscal, and the time frames for completion.
- In developing a return-to-work plan, the following hierarchy should be followed: same job/same employer, new job/same employer, same job/new employer, new job/new employer, short term retraining, or self-employment.
- Short-term training can be considered at any time during the rehabilitation process to facilitate a timely return to work.

Plan Implementation:

Medical Case Management Services:

The following steps are recommended when implementing a rehabilitation plan:

- Coordinate activities of medical professionals, community agents, funding sources, client and family for the goal of achieving maximum functional outcomes.
- Facilitate inpatient, outpatient, and home services as well as medical evaluations and environmental modifications as needed.
- Assist in securing funding for medical equipment, supplies, medications and services in a cost effective manner.
- Provide information to the client to help facilitate timely and appropriate treatment.
- Guide client to self directed care, self-advocacy and decision making to the degree possible.
- Maintain a professional rapport and open communication with all members of the team so that the care plan can be discussed objectively, problems identified and adjustments made as needed.
- Make adjustments in the care plan to promote better outcomes, if the plan is static or regressive.
- Coordinate the care plan and disease course with an established critical pathway to determine variances.
- Support the stability of the client and family environment.

Vocational Rehabilitation Services:

These guidelines should be followed when providing job development and placement services:

- Confirm the client's readiness for employment, including issues related to child care, transportation, etc. Also confirm presence of job seeking and job holding skills and provide assistance as necessary.
- Establish realistic job goals through counseling and guidance, career development, transferable skills analysis, and correlation of information gathered during testing/assessment.
- Document appropriateness of prospective jobs as they relate to the client's skills and limitations.
- Assist employers with job accommodations and disability related work incentives.
- Monitor client's job adjustment and job performance to ensure appropriate work adjustment and identify natural supports in the work environment.
- Coordinate outside resources when necessary.

The following requirements should be met when providing on-the-job training:

- Identify skills to be learned.
- Confirm that the client will be treated as an “employee” with the same benefits and privileges as all other employees.
- Confirm terms of payment to employer and compensation to client.
- Identify conditions under which the agreement is to be completed and/or terminated including any agreement by the employer to hire the client.
- Secure signatures of all parties to the training plan/contract.

When implementing short-term training programs, these steps should be followed:

- Confirm the client has the necessary entry-level skills and physical capabilities to be successful in the training program.
- Complete any remedial course work or accommodations before formal course work begins.
- Conduct labor market research prior to the start of the training program to identify wage and placement potential.
- Monitor client’s performance in training and assist program staff with any problems that may develop.
- Utilize placement resources within the training program’s existing structure to assist in post-training placement.

When assisting clients who may be interested in exploring self-employment ventures, the following guidelines are recommended:

- Conduct labor market research to determine the feasibility of the particular venture in the client’s geographic area.
- Assist the client in researching federal, state and local ordinances as well as small business support programs.
- Confirm the client has the basic educational skills to manage the self-employment venture or confirm the establishment of support services such as outside clerical or accounting services.
- Ensure the client has the physical, mental, and emotional capabilities to both manage and work within the self-employment business structure.

Report Writing and Record Keeping

Rehabilitation practitioners understand that all written reports and file documentation constitute legal records and, as such, are subject to discovery. Therefore, all case documentation should be factual and objective. In addition, rehabilitation practitioners understand that reporting requirements differ between referral sources and jurisdictions. Rehabilitation providers should remain in compliance with each referral

source's reporting requirements.

Regardless of reporting frequency, the following information should be maintained in the file at all times:

- Written evaluation.
- Written plan.
- Written closure report.
- Medical/psychological reports, including current written work restrictions.
- Correspondence between interested parties.
- Regulatory orders affecting or related to the client.
- Updated authorization for information requests/releases.

Client records are confidential and should not be disclosed without client authorization or legal requirement. In addition, adequate storage and confidentiality mechanisms to protect file information should exist. Records should be maintained for the number of years after closure that is consistent with jurisdictional requirements or agency policy. If records are eventually destroyed, it should be done in a manner assuring preservation of confidentiality.

Closure

Rehabilitation providers recognize that services may terminate at any point in the rehabilitation process, hopefully, when the rehabilitation goals have been achieved. However, there are circumstances when rehabilitation cases will close prior to the completion of the rehabilitation plan, including a situation where medical, behavioral, or vocational data indicate non-feasibility for successful rehabilitation. Case closures may also occur for other reasons, including:

- Services declined by the client or his/her authorized representative.
- Client is no longer available for services.
- Administrative terminations, including case settlement, referral source or regulatory directive.
- When continued case involvement could compromise professional/ethical standards of practice.

The rehabilitation provider should always provide justification for the case closure by documenting that rehabilitation goals have been achieved, by documenting that further services are non-feasible, or by identifying any other specific reason for case closure.

Upon closure, if the rehabilitation provider is aware of ongoing client needs, which may be met by community services, the client should be referred to those resources.

Dispute Resolution

When disputes arise which affect the rehabilitation process, the rehabilitation provider can assist in addressing these disputes as quickly as possible. Dispute resolution can take place on an informal basis by facilitating effective communication between involved parties. When disputes require a more formal resolution process, such as conferences or administrative hearings, the rehabilitation provider has a responsibility to present objective information needed to help resolve the dispute. In whichever way the dispute is resolved, the case manager should provide a written summary of the resolution.

Business Practices

Individuals and organizations providing rehabilitation services are expected to adhere to all standards and practices applicable to their professional discipline. In addition, rehabilitation providers should give special attention to the following specific points:

- Maintain a high level of professional competence by ongoing participation in educational activities.
- Provide services to clients without regard to color, age, race, religion, national origin, sex or disability.
- Adhere to all applicable federal, state and local laws establishing and regulating business practices.
- Accurately represent themselves, their duties or credentials.
- Carry professional liability insurance for the protection of themselves and affected third parties.
- Only promise or offer services or results that they can deliver or have reason to believe that they can provide.
- Ensure that the complexity of cases handled reflects the level of experience of particular staff members, and that inexperienced staff are provided with appropriate professional supervision.
- Ensure that competitive advertising is factually accurate and avoids exaggerated claims as to costs and results.
- Not engage in claims practices as such are defined under the statutes and legal precedents in their respective jurisdictions.
- Not solicit referrals directly or indirectly by offering money or gifts.
- When recruiting an employee, provide accurate documentation of wages, benefits, advancement potential and caseload expectations.
- Not engage in the wrongful removal of professional rehabilitation files or other materials upon the initiation of new employment.
- Not enter into fee arrangements that would be likely to create conflicts of interest or influence their testimony in contested cases.
- Advise the referral source/payer of their fee structure in advance of

the rendering of any services and also furnish, upon request, detailed accurate time records.

- Make every attempt to assure that any formal or informal discussions or comments directed toward a fellow rehabilitation professional and/or organization be positive and/or constructive.
- Not engage in providing legal advice, not engage in the unauthorized practice of law; or discuss settlement issues with the client.

Acknowledgment:

The Coalition wishes to especially acknowledge the International Association of Rehabilitation Professionals (IARP) for its Standards & Ethics, which were used as a model for content and organizational purposes. (Prior to April, 2000, known as the National Association of Rehabilitation Professionals in the Private Sector - NARPPS)

Endorsements:

Michigan Occupational Therapy Association, 3300 Washtenaw, Suite 220, Ann Arbor, MI 48104-4200. TEL: (734) 677-1417, or (734) 677-2407 FAX. **(Endorsed, 1/29/00)**

Michigan Self-Insurers' Association, 1740 First National Building, Detroit, MI 48226. TEL: (313) 961-8690, or (313) 961-4786 FAX. **(Endorsed, 6/1/00)**

Workers' Compensation Section, State Bar of Michigan, 306 Townsend, Lansing, MI, 48933 , TEL: (517) 372-9030, or 482-6248 FAX. **(Endorsed 4/10/01)**

Resources:

ACA, Code of Ethics and Standards of Practice, American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304-3300. TEL: (800) 422-2648.

CARF, Medical Case Management Standards, Commission on Accreditation of Rehabilitation Facilities, 4891 East Grant Road, Tucson, AZ 85712. TEL. (520) or (602) 325-1044.

CDMSC, Code of Professional Conduct, Certification of Disability Management Specialists Commission, 1835 Rohlwing Road, Suite E, Rolling Meadows, IL 60008. TEL. (847) 394-2106.

CMSA, Standards of Practice for Case Management, Case Management Society of America, 8201 Cantrell, Suite 230, Little Rock, AR 72227-2448. TEL. (501) 225-2229.

CRCC, Code of Professional Ethics for Rehabilitation Counselors, Commission on Rehabilitation Counselor Certification, 1835 Rohlwing Road, Suite E, Rolling Meadows, IL 60008. TEL. (847) 394-2104.

IARP, Standards & Ethics, International Association of Rehabilitation Professionals, 783 Rio Del Mar Blvd., Suite 61, Aptos, CA 95003. TEL. (831) 662-0310.

JPD, Standards for Rehabilitation Placement Professionals, National Rehabilitation Association of Job Placement and Development, 633 South Washington Street, Alexandria, VA 22314-4109. TEL. (703) 836-0850.

WorkCover Western Australia, Quality Assurance Standards for Vocational Rehabilitation Counselors, WorkCover, 2 Bedrook Place, Shenton Park, Western Australia, 6008.

***** To be reviewed periodically and updated as needed. *****

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Additional copies of these guidelines are available from:

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