1. Purpose
1.1. This standard sets the definitions and service standards for post-acute rehabilitation services, and mandates compliance with the licensing requirements to ensure quality and safe clinical care for patients.

2. Scope
2.1. This standard applies to specific categories of healthcare facilities, and healthcare professionals, seeking licence to practise post-acute rehabilitation services in the emirate of Abu Dhabi.
2.2. It defines patients identified as requiring and eligible for post-acute rehabilitation services, including children, adults and the aged.
2.3. It also regulates the interface between services covered by this standard and those defined under the HAAD long-term and home healthcare services Standards.

3. Duties for Healthcare Providers and Payers

Healthcare Providers
3.1. All healthcare providers, including healthcare facilities and professionals, licensed to practice post-acute health services must:
3.1.1. Provide clinical and medical care in accordance with the requirements of this Standard, and consistent with internationally recognised evidence based clinical care pathways;
3.1.2. Report and submit data to HAAD via e-claims and in accordance with the HAAD Reporting of Health Statistics Policy and as set out in the HAAD Data Standards and Procedures (found online at www.haad.ae/datadictionary);
3.1.3. Comply with HAAD policies and standards on managing patient medical records, including developing effective recording systems, maintaining patient records, maintaining confidentiality, privacy and security of patient information and educating patients and fulfilling the requirements of patient consent and patients rights and responsibilities charter;
3.1.4. Where applicable, comply with the terms of the Standard Provider Contract, Mandatory Tariff and HAAD Claims & Adjudication Rules; in effect at the time of service delivery.
3.1.5. Comply with HAAD requests to inspect and audit records and cooperate with HAAD authorised auditors, as required for inspections and audits by HAAD.
Healthcare Payers

3.2 All payers and TPAs must:

3.2.1 Comply with the HAAD policies and standards on managing patient records, including maintaining confidentiality, privacy and security of patient information;

3.2.2 Where applicable, comply with the terms of the Standard Provider Contract, Mandatory Tariff and HAAD Claims & Adjudication Rules; in effect at the time of service delivery.

3.2.3 Audit medical records in accordance with the specifications of the HAAD Standard Provider Contract;

3.2.4 Comply with HAAD requests to inspect and audit records and cooperate with HAAD authorised auditors, as required for inspections and audits by HAAD.

4. Enforcement and Sanctions

4.1 HAAD may impose sanctions in relation to any breach of this Standard in accordance with the [HAAD Policy on Enforcement and Sanctions]. Decisions on suspending and/or revoking of licences and/or imposing penalties in accordance with the health insurance law will be determined by considering the circumstances of the case and consistent with the terms and procedures of the HAAD Licensing Committee and in accordance with measures under the law.

4.2 Where a healthcare provider is in breach of a duty under this Standard, HAAD may take any or all of the following actions:

4.2.1 Issue a warning to the healthcare provider;

4.2.2 Suspend the licence of the healthcare provider for a period of time that HAAD determines to be appropriate in the circumstances of the case;

4.2.3 Require re-evaluation of the competence of the professional to practise as HAAD determines to be appropriate in the circumstances of the case;

4.2.4 Revoke the licence of the professional or healthcare provider.

5. Standard 1: Clinical Definitions

5.1 The following definitions and requirements apply in the interpretation and enforcement of this Standard.

5.1.1 Post-Acute Rehabilitation clinical services are defined as short-term interventions aimed for restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible, by:

5.1.1.1 Minimizing the impact of impairment and loss of functions;

5.1.1.2 Minimize or eliminate dependency or codependency on others and/or equipment and devices;

5.1.1.3 Re-integrating into work and everyday life;

5.1.1.4 Minimize or eliminate the need for inpatient or outpatient long-term care.

5.1.2. Physiotherapy (physical therapy) - the assessment and treatment of the human body by physical or mechanical means, for the purpose of obtaining, maintaining or restoring a function(s) that has been impaired by injury or disease, for pain management and for the promotion of mobility and health.

5.1.3 Rehabilitation – may include services such as physiotherapy (physical therapy), respiratory therapy, occupational therapy, speech therapy, and/or dietetics.

6. Standard 2: Scope of Post-acute Clinical Services

6.1 Interventions must be determined for each patient by the assessing/treating licensed physician with input from the multidisciplinary team; the patient’s treatment and service needs must be assessed against the following:
6.1.1. The specified groups of diseases provided at Appendix 1;
6.1.2. Impairment, dysfunction and/or limited activity in one or more body function resulting from one of the diseases detailed in Appendix 1 and using one or more of the Medical and Therapeutic Modules detailed in Appendix 2.

6.2. Clinical service specifications - In the final phase of the acute treatment a meeting between the treating physician (acute), a post-acute rehabilitation specialist and the patient (and if relevant patient’s family) is required. This meeting must:

6.2.1. Assess the status of the patient and need for post-acute treatment, in accordance with the definitions at Section 5;
6.2.2. Assess the patient readiness for receipt of the treatment.
6.2.3. Assess the patient expected benefits from post-acute treatment; and
6.2.4. Make a clear recommendation on next steps, including:
    6.2.4.1. Transfer to a post-acute facility (in/out patient);
    6.2.4.2. Extension of the patient acute treatment; or
    6.2.4.3. Discharge with recommendation that no further intervention is required.

6.3. Where a patient is determined to require post-acute treatment, the treating physician must:

6.3.1. Document the care management plan as per Appendix 3 in the patient’s medical record; the plan must:
    6.3.1.1. Specify the care and services tailored to the patient from a range of medical and therapeutic modules and care management services (Appendix2);
    6.3.1.2. Include realistic goals agreed with the patient, or his/her family, and with the multidisciplinary team, including follow up of progress and an improvement monitoring process to be developed by the treating physician for the patient;
    6.3.1.3. Use a standardized goal achievement/functional outcomes assessment checklist for each impairment, dysfunction and/or limited activity, where possible.

7. Standard 3 – Post-acute Service Specifications
All HAAD licensed facilities providing Post-acute Rehabilitation services must satisfy the following minimum requirements:

7.1. Onsite physician, 1 at minimum, specialized in "physical and rehabilitation medicine";
7.2. Have a minimum of 40 beds, for an inpatient rehabilitation facility, with equipment, functional space and accommodation in accordance with the HAAD Facility Guideline standards and comparable to international evidence based standards, including:
    7.2.1. Appropriate range of equipment and rooms for functional diagnostics/medical technology/equipment;
    7.2.2. Appropriate range of therapy rooms for individual and group therapy, including physiotherapy (physical therapy), respiratory therapy, occupational therapy, speech therapy, and /or dietetics. and
    7.2.3. Appropriate accommodation and access for the disabled, including wheelchair access.
7.3. Healthcare professionals - The licensed Facility must provide that:
    7.3.1. All healthcare professionals are licensed by HAAD;
    7.3.2. All healthcare professionals practise within the facility’s specified scope of services, their scopes of practice (where they exist) and in line with the HAAD PQR and HAAD Standard for Privileging framework;
7.3.3. The multi-disciplinary teams comprise of the necessary personnel and staff with requisite mix of qualifications and skills to provide Post-acute clinical services, including but not limited to:

7.3.3.1. Acute Care Physician/ Nurse
7.3.3.2. Rehabilitative Medicine Physicians
7.3.3.3. Nutritionists
7.3.3.4. Internal Medicine Physicians
7.3.3.5. Physical Therapist
7.3.3.6. Respiratory therapist.
7.3.3.7. Occupational Therapist
7.3.3.8. Rehabilitation Nurse
7.3.3.9. Psychologist
7.3.3.10. Clinical Social Worker
7.3.3.11. Speech pathologist (as needed)

7.3.4. Staff-to-patient ratios are adequate to deliver safe and quality clinical services and are calculated using international best practice tools for acuity and staffing requirements.

7.4. Patient Education - the licensed provider must deliver a culturally and socially relevant patient education and information regarding the screening and follow up treatment and care, consistent with the relevant HAAD policies.

7.5. Patient Consent and Patient rights - The licensed facility must ensure that all licensed healthcare professionals employed by it comply with the requirements of the HAAD Policy on Consent and the HAAD Patient Rights and Responsibilities Policy and Charter.

7.6. Quality Management and Training - The licensed facility must:

7.6.1. Follow internationally recognised best practices and review and document the quality and safety of patient care regularly, adjusting their procedures as necessary;
7.6.2. Make available a quality handbook that provides accessible definitions of the most important activities/sequences of therapeutic procedures according to international evidence based standards and guidelines; and
7.6.3. Ensure clear separation of acute, post-acute and long-term care, and document any hand over of patient care between services, to avoid conflict of interest while managing care for the patient.

8. Standard 3- Licensure rules and regulations

8.1. Licensure is in accordance with the current licensure rules and regulations for post-acute rehabilitation services as specified by HAAD. Information on the Licensure rules can be obtained from the Healthcare Facility Licensing Department/ Health System Regulation Division/ HAAD or from HAAD website (www.haad.ae).

8.2. Eligibility for licence to provide post-acute rehabilitation in the Emirate of Abu Dhabi will be determined according to the following:

8.2.1. Satisfying the requirements provided in this Standard;
8.2.2. Satisfying the HAAD Facility Licensing requirements, including provision of completed requisite forms and fees; and
8.2.3. Satisfying the pre-inspection of plans and site for development;
8.2.4. A Facility's licence to provide post-acute services may be issued as:

8.2.4.1. Main type facility: Hospital; Sub type - Rehabilitation Hospital or
8.2.4.2. Main type facility: Rehabilitation Centre; Subtype – Physiotherapy. (For ambulatory services only).
9. **Standard 4 – Payment Mechanism**

9.1. Coding for Rehabilitation services must be done using the codes classification defined in the Coding Manual published by the Clinical Coding Steering Committee, and in compliance with e-claim requirements.

9.2. Charges for rehabilitation services and related services must be in accordance with the Standard Provider Contract negotiated rates, and in compliance with Mandatory Tariff and HAAD Claims and Adjudication Rules in effect.

9.3. Licensed providers shall be entitled for separate reimbursement for the inpatient rehabilitation encounter for patients transferred from acute care setting (Encounter Start Type = 3). Reimbursement shall be calculated in accordance with the billing methodology in effect on the encounter start date. If utilizing the DRGs payment system:

9.3.1 Rehab facility will be entitled for a DRG payment if Encounter Start Type = 3 and Encounter End Type is not equal to 4 (Discharge transfer to acute care), or 6 (Not discharged) or 7 (Discharge transfer to non-acute care).

9.3.2 Rehab facility will be entitled for a per diem payment if Encounter Start Type = 3 and Encounter End Type is equal to 4 (Discharge transfer to acute care), or 7 (Discharge transfer to non-acute care).

9.3.3 Outpatient (Ambulatory) rehabilitation - outpatient physiotherapy performed at the facility or at the patient’s home - must be reimbursed as Fee for Service.

Appendix 1: Groups of Diseases
Appendix 2: Medical and Therapeutic Modules
Appendix 3: Care Plan template
Appendix 1: Groups of Diseases

Post-Acute cases with focus on cardiology
- Coronary heart disease
- Diseases of the heart valve system
- Cardiac failure
- Disorders of circulatory regulation
- High blood pressure, hypotension
- Peripheral perfusion disorders
- Following cardiovascular surgery
- Heart rhythm disorders
- Functional disorders of the cardiovascular system
- General arterial diseases
- Pulmonary embolisms
- Following coronary bypass surgery
- Following coronary valve surgery
- Following general cardiac surgery (pacemakers)
- After inflammatory heart diseases
- Vascular surgery

Post-Acute cases with focus on internal medicine
- Allergic and non-allergic respiratory tract diseases
- Bronchial Asthma and chronic bronchitis
- Lung tissue diseases: Pulmonary fibrosis, sarcoidosis, alveolitis
- Following surgery of the pulmonary organs
- Sleep apnoea treatment
- Metabolic disorders (diabetes mellitus, hypercholesterolaemia, gout)
- Allergies (eczema, food allergies)
- Chronic lung diseases
- Following general cancer surgery
- Treatment of diseases related to diabetes mellitus (neuropathy, nephropathy)

Post-Acute cases with a focus on orthopedics
- Joint disease
- Arthritis
- Joint and spinal deformities
- Primary and secondary muscle dysfunction
- Degenerative disease of the vertebral column
- Bone metabolism disorders
- Spine syndrome, intervertebral disc prolapse
- Following intervertebral disc operations
- Following joint replacement operations
- Osteoporosis with complications
- Benign and malignant bone tumours
- Degenerative rheumatic disease
- Congenital deformities of the bones or joints
- Degenerative musculoskeletal disease (arthritis)
- Tendon or ligament ruptures
- Loss of limb or amputation

**Post-Acute cases with a focus on neurology**
- Deficiencies following a stroke or cranial bleeding
- Deficiencies following skull or brain injury
- Tumours in the central nervous system
- Multiple sclerosis
- Parkinson’s disease
- Neurodegenerative disease
- Disorders of the peripheral nervous system
- Epileptic syndrome of any type
- Muscular dystrophy
- Neurogenic pain syndrome
- Infantile cerebral palsy
- Deformity syndrome with neurological or orthopaedic consequences

**Post-Acute cases with a focus on chronic diseases**
- Adipositas
- Diabetes
- Allergies
- Alimentary organ
- Dementia
- Alzheimer's disease
- Bronchial Asthma
Appendix 2: Medical and Therapeutic Modules

Medical modules
- General diagnostics and laboratory work
- Functional diagnostics specific to the specialist department
- Equipment-based diagnostics specific to the specialist department

Therapeutic Modules
- Sport-therapeutic treatment
- Psychological therapy
- Dietary consultation
- Physiotherapy
- Occupational therapy
- Socio-medical care
- Speech therapy
- Neuropsychology

Care
- Basic and specialty care according to individual needs
- Rehabilitation care
- Early admission ward and early admission monitoring
- Wound care
- Independence training
- Psycho-social support and motivation
- Introductory education and training
- Supply of auxiliary aids
- Prosthetics and Orthotics
Appendix 3: Care Plan using Care Domains

These are the requirements for development of an initial care plan for post acute healthcare service patients.
The care plan must specify for each care domain as appropriate:

a. Details of care and services planned (Appendix 2)
b. Which professionals/teams will provide the care and service input;
c. Goal/s of the input; and
d. The equipment and consumables required.

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<thead>
<tr>
<th>Patient Plan of Care</th>
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<tbody>
<tr>
<td>Care Domain</td>
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<td>Pain management</td>
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<td>Nutrition</td>
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<td>Mobility</td>
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<td>Dialysis care</td>
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<td>Continence including catheter and stoma care</td>
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<td>Skin integrity/wound care</td>
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<tr>
<td>Altered states of Consciousness</td>
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<tr>
<td>Communication and speech therapy</td>
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<tr>
<td>Other - in accordance with clinical service lines</td>
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