Rehabilitation Unit Criteria Work Sheet
(CMS-437A)

IRF Unit's Name:		IRF Unit's Medicare Provider #:	Date of Last Survey:
IRF Unit's Street Address			Number of Beds in Unit:
City:	State:	Zip Code:	Telephone Number:

Dates of Cost Reporting Periods for Which Exclusion Is Requested:

1. Day/Month/Year to Day/Month/Year
2. Day/Month/Year to Day/Month/Year
3. Day/Month/Year to Day/Month/Year

Tag	Regulations	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
	§412.25 Excluded hospital units: Common requirements.					
	§412.25(a) Basis for exclusion. In order to be excluded from the prospective payment systems specified in §412.1(a)(1), a rehabilitation unit must meet the following requirements in addition to the all criteria under Subpart B of Part 412 of the regulations:	For the purposes of §412.25 and §412.29, as related to IRF units, the term hospital includes Critical Access Hospitals (CAHs).		☐	☐	☐

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3500	**§412.25(a)(1)** Be part of an institution that - **§412.25(a)(1)(i)** Has in effect an agreement under Part 489 of this chapter to participate as a hospital; **§412.25(a)(1)(ii)** Prior to October 1, 2019, is not excluded in its entirety from the prospective payment systems; ***and*** **§412.25(a)(1)(iii)** Unless it is a unit in a critical access hospital, the hospital, in which an IRF unit is located, must have at least 10 staffed and maintained hospital beds that are paid under the applicable payment system under which the hospital is paid, or at least 1 staffed and maintained hospital bed for every 10 certified inpatient rehabilitation facility (IRF) beds, whichever number is greater. Otherwise, the IRF will be classified as an IRF hospital, rather than an IRF unit…..	• The SA or CMS surveyor or MAC will verify the following: • That the hospital, in which the Inpatient Rehabilitation Facility ("IRF") unit is located, has an agreement to participate in the Medicare program, ***and*** • That the hospital in which the IRF unit is located, is not excluded in its entirety from the Medicare Inpatient Prospective Payment System ("IPPS"); ***and*** • That the hospital, in which the IRF unit is located, meets one of the following staffing ratios (whichever is greater): 1. Has at least 10 staffed and maintained hospital beds that are paid under the Medicare payment system under which the hospital is paid; ***or*** 2. Has at least 1 staffed and maintained hospital bed for every 10 certified inpatient IRF unit beds, whichever number is greater.	The IRF unit representative shall verify that: • The hospital, in which the IRF unit is located, has a Medicare provider agreement; • The hospital in which the Inpatient Rehabilitation Unit ("IRF unit") is located is not excluded from the Medicare IPPS system; ***and*** • The hospital (that is not a CAH), in which the IRF unit is located, meets ***one*** of the following requirements, whichever is greater: 1. The hospital has at least 10 staffed and maintained hospital beds that are paid by Medicare under the applicable payment system; ***or*** 2. The hospital has at least 1 staffed and maintained hospital bed for every 10 IRF unit beds,			

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A3501	**§412.25(a)(2)** Have written admission criteria that are applied uniformly to both Medicare and non-Medicare patients.	• Verify that the IRF unit has written admission criteria. • Conduct a record review to determine whether the IRF unit's admission criteria are applied equally to both Medicare and non-Medicare patients.	The IRF unit representative shall verify that: • The IRF unit has **written** admission criteria; ***and*** • The IRF's **written** admission criteria are being applied equally to both Medicare and non-Medicare patients			
A3502	**§412.25(a)(3)** Have admission & discharge records that are separately identified from those of the hospital in which it is located and are readily available.	• The surveyor should verify the following: 1. That the IRF unit has medical records that are separate and different from those used by the hospital in which the IRF unit is located. 2. That the IRF unit's medical records are not co-mingled with those of the hospital and not co-mingled with those of the hospital in which the IRF unit is located. • Verify that the IRF unit's medical records are readily available for review.	The IRF unit representative shall verify that: • The IRF unit admission and discharge records tare separate from, (and not co-mingled with) the records of the hospital in which the IRF unit is located. • The IRF unit admission and discharge records are readily available for review.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3503	**§412.25(a)(4)** Have policies specifying that necessary clinical information is transferred to the unit when a patient of the hospital is transferred to the unit.	• Verify that the hospital has a policy detailing the prompt transfer of information, and that it is being followed. • Review rehabilitation unit clinical records to ensure that the clinical information that should be transferred with the record is actually in the medical record.	The IRF unit representative shall verify that: • The hospital has a policy specifying what type of clinical information should be sent with a hospital patient that is transferred to the IRF unit; and • The hospital adheres to this policy; and, • The clinical information and records that should be sent with a hospital patient being transferred to the IRF unit is actually in the medical record.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

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A3504	**§412.25(a)(5)** Meet applicable state licensure laws.	The IRF surveyor will: • Verify and document that all applicable State licensure laws are met. • Document all unmet State licensure requirements. • Verify the IRF unit professional staff has current licensure. • Are there any State licenses required for the IRF unit? • If so, does the IRF unit meet these State licensing requirements?	The IRF unit representative shall verify that: • All applicable state laws are being met; and • All applicable licensure and certification requirement for IRF professional staff are current.			
A3505	**§412.25(a)(6)** Have utilization review standards applicable for the type of care offered in the unit.	• Verify that the hospital has a utilization review plan that includes the review of rehab services (No utilization review (UR) standards are required if the QIO is conducting review activities.) • Verify that the hospital has written UR standards that are applied to the care offered in the unit.	The IRF unit representative shall verify that: • The IRF unit has a Utilization Review (UR) plan; and • The UR standards are applicable to the type of care offered in the IRF unit.			

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A3506	**§412.25(a)(7)** Have beds physically separate from (that is, not commingled with) the hospital's other beds. **NOTE**: §412.25(a) (8)-(12) are verified by the FI.	• Is the space containing the rehab beds physically separate from the beds in other units of the hospital? • There cannot be any beds that are located within the physical confines of the excluded rehab unit that are not excluded beds. • The IRF unit cannot use its beds for medical/surgical patients or any other type of patient. Those beds are solely for the use of IRF patients. • If the unit doesn't have enough patients to fill those beds, the beds must be left empty or the unit can decrease the number of beds in the unit after the hospital has notified CMS of its intent.	The IRF unit representative will verify that: • The IRF unit beds are physically separate from and not co-mingled with the hospital beds; and, • No beds in the IRF unit are used for hospital patients, even if the IRF unit does not have enough rehab patients to fill the IRF unit beds.			

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A3507	**§412.25(a)(13)** As part of the first day of the first cost reporting period for which all other exclusion requirements are met, the unit is fully equipped and staffed and is capable of providing hospital inpatient rehabilitation care regardless of whether there are any inpatients in the unit on that date.	• Verify with the FI that the unit is operational: fully staffed and equipped. • It is not required that the unit has inpatients on the day of the survey, but must demonstrate capability of caring for patients.	A representative from a new IRF unit that is requesting an IPPS payment system exclusion for the first time must verify with the Fiscal Intermediary (FI) (i.e. – MAC) that: As of the 1st day of the first cost reporting period for which all other IPPS exclusion requirements are met, the IRF unit is/was: • Fully operational: • Fully equipped; • Fully staffed, and • Capable of providing inpatient rehabilitation care (regardless of whether there are any inpatients in the unit on that date.)			
A3508	**§412.25(b) - Changes in the size of excluded units.** Except in the special cases noted at the end of this paragraph, changes in the number of beds or square footage considered to be part of an excluded unit under this section are allowed one time during a cost reporting period if the hospital notifies its Medicare contractor and the CMS Regional Office (RO) in writing of the planned change at least 30 days before the date of the change.	• Verify that the request the IRF is making to add beds is the first and only request during the cost report year. • A decrease in the number of beds or square footage may occur once during a cost reporting period, however, this change can take place at any time during the cost reporting period.	If changes were or are to be made to the size of the IRF unit, the IRF unit representative will verify that: • CMS and the MAC/FI were notified at least 30 days prior to making any changes in the size of the IRF unit.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3508 (cont.)	The hospital must maintain the information needed to accurately determine costs that are attributable to the excluded unit. A change in bed size or a change in square footage may occur at any time during a cost reporting period and must remain in effect for the rest of that cost reporting period. Changes in bed size or square footage may be made at any time if these changes are made necessary by relocation of a unit to permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes.	• The change must remain in effect for the remainder of the cost report period. • Changes in bed size or square footage may be made at any time, if these changes are made necessary by relocation of a unit to permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes. • No changes can be made without notifying both CMS RO and the FI/MAC at least 30 days prior to the change.	• A change in the size of the IRF unit is only made once per cost reporting period and that the change remains in effect for the remainder of the cost report period. • The IRF unit maintains the information needed to document changes in bed size or square footage made necessary by relocation of a unit to permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes. • The hospital maintains the information needed to accurately determine costs that are attributable to the excluded unit.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

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	§ 412.29 - Classification criteria for payment under the inpatient rehabilitation facility prospective payment systems. To be excluded from the prospective payment systems described in § 412.1(a)(1) and to be paid under the prospective payment system specified in §412.1(a)(3), an inpatient rehabilitation hospital or an inpatient rehabilitation unit of a hospital (otherwise referred to as an IRF) must meet the following requirements:					
A3509	**§412.29(a)** Have (or be part of a hospital that has) a provider agreement under part 489 of this chapter to participate as a hospital.	The SA will check these provisions with the RO prior to the survey.	• The IRF unit representative shall verify the hospital in which the IRF unit is located has a Medicare provider agreement under 42 CFR part 489. • The IRF hospital representative will verify that the IRF hospital has a provider agreement under 42 CFR part 489 to participate as a hospital.			

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A3510	**§412.29(b)** Except in the case of a "new" IRF or "new" IRF beds, as defined in paragraph (c) of this section, an IRF must show that, during its most recent, consecutive, and appropriate 12-month time period (as defined by CMS or the Medicare contractor), it served an inpatient population that meets the criteria outlined in § 412.29 (b)(1) and (b)(2).	The MAC/FI reviews the inpatient population of the IRF. If the hospital has not demonstrated that it served the appropriate inpatient population as defined in § 412.29 (b)(2), the MAC notifies the RO. After July 1, 2005, the IRF patient population must meet the 60% rule.	• **For IRF units or hospitals established after 07/01/2005**, the IRF representative will verify that the IRF population meets the 60% rule. (i.e. – at least 60 percent of the IRF's population required intensive rehabilitation services for treatment of one or more of the conditions specified at paragraph § 412.29(b)(1) and § 412.29(b)(2). A patient with a comorbidity, as defined at § 412.602, may be included in the inpatient population that counts toward the required applicable percentage.)			
A3511	**§412.29(c)** In the case of new IRFs (as defined in paragraph (c)(1) of this section) or new IRF beds (as defined in paragraph (e)(2) of this section), the IRF must provide a written certification that the inpatient population it intends to serve meets the requirements of paragraph (b) of this section.	• In the case of a new IRF unit, the surveyor will verify that the hospital has not previously sought exclusion. • The surveyor will verify that the hospital received approval for the unit under the appropriate State licensure laws. • The IRF must submit an attestation statement in addition to the Form CMS 437A (Rehabilitation Unit Work Sheet) to the SA as part of their initial application packet.	• **For new IRFs** (defined as an IRF unit that has not been paid under the new IRF PPS in subpart P of this part for at least 5 calendar years) **or for new IRF beds wadded.** • The IRF must provide a written and signed attestation statement which states that the inpatient population it intends to serve meets the requirements of § 412.29(b).			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3511 (cont.)	This written certification will apply until the end of the IRF's first full 12-month cost reporting period or, in the case of new IRF beds, until the end of the cost reporting period during which the new beds are added to the IRF.	• Until the SA receives both the attestation statement and the Form CMS 437A, the new unit cannot be recommended for approval.				
A3512	**§412.29(c) (1) - New IRFs.** An IRF hospital or IRF unit is considered new if it has not been paid under the new IRF PPS in subpart P of this part for at least 5 calendar years. A new IRF will be considered new from the point that it first participates in Medicare as an IRF until the end of its first full 12-month cost reporting period.	• If an IRF unit has been closed for 5 years (more than 60 calendar months), it can open its doors as a new unit. • Verify either through the SA or RO that the IRF unit has been closed for the 5 years before approving the IRF unit as new.	• For a new IRF certification, as required by 412.29(c) above, the IRF representative must verify that the IRF unit has not been paid under the Medicare Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) for at least 5 calendar years. **NOTE:** A new IRF will be considered new from the point that it first participates in Medicare as an IRF until the end of its first full 12-month cost reporting period.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3513	**§412.29(c)(2) - New IRF beds.** Any IRF beds that are added to an existing IRF must meet all applicable State Certificate of Need and State licensure laws. New IRF beds may be added one time at any point during a cost reporting period and will considered new for the rest of that cost reporting period. A full 12-month cost reporting period must elapse between the delicensing or decertification of IRF beds in an IRF hospital or IRF unit and the addition of new IRF beds to that IRF hospital or IRF unit. Before an IRF can add new beds, it must receive written approval from the appropriate CMS RO, so that the RO can verify that a full 12-month cost reporting period has elapsed since the IRF has had beds de-licensed or decertified. New IRF beds are included in the compliance review calculations under paragraph (b) of this section from the time that they are added to the IRF.	• If the hospital added beds to its IRF unit, the surveyor or CMS will verify that the hospital had approval (certificate of need or State license) before adding beds, if such approval is required. • The surveyor must verify that the hospital received written CMS RO approval before adding any new beds to its IRF unit. • The surveyor will verify that the hospital's IRF unit didn't have more than one increase in beds during a single cost reporting period. • Surveyors must verify that if the hospital's IRF unit decreased beds, it didn't thereafter add beds unless a full 12-month cost reporting period had elapsed.	If new IRF beds were added during the previous 12 months, the IRF hospital representative will verify the following: • That the IRF unit received State approval (certification of need or State licensure) prior to any IRF unit bed increase, if prior approval is required by the State, • That the IRF unit received written approval from the applicable CMS Location before the new beds were added to the IRF unit. • That the IRF unit didn't have more than one increase in beds during a single cost reporting period. If IRF unit removed or decertified beds, the IRF unit representative will verify the following: • The IRF unit didn't thereafter add any additional beds until after a full 12-month cost reporting period had elapsed; and • The IRF unit didn't have more than one increase in beds during a single cost reporting period.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3514	**§412.29(c)(3) - Change of ownership or leasing.** An IRF hospital or IRF unit that undergoes a change of ownership, or leasing as defined in § 489.18 of this chapter, retains its excluded status and will continue to be paid under the prospective payment systems specified in § 412.1(a)(3) before and after the change of ownership or leasing if the new owner(s) of the IRF accept assignment of the previous owners' Medicare provider agreement and the IRF continues to meet all the requirements for payment under the IRF prospective payment system. If the new owner(s) do not accept assignment of the previous owners' Medicare provider agreement, the IRF is considered to be voluntarily terminated and the new owner(s) may reapply to participate in the Medicare program. If the IRF does not continue to meet all of the requirements under the new IRF prospective payment system, then the IRF loses its excluded status and is paid according to the prospective payment systems described in § 412.1(a)(1).	• IRF status is lost if a hospital is acquired and the new owners reject assignment of the previous owner's Medicare provider assignment. • Only entire hospitals may be sold or leased. • IRF units may not be sold or leased separately from the hospital of which it is a part.	• The IRF unit representative will verify whether the IRF unit has or is currently undergoing a change of ownership or leasing. • If so, the IRF unit representative will verify whether the new owner(s) or leasee of the IRF unit have accepted assignment of the IRF unit's existing Medicare provider agreement.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3515	**§412.29(c)(4) - Mergers.** If an IRF hospital (or a hospital with an IRF unit) merges with another hospital and the owner(s) of the merged hospital accept assignment of the IRF (or the hospital's provider agreement (or the provider agreement of the hospital with the IRF unit), then the IRF hospital or IRF unit retains its excluded status and will continue to be paid under the prospective payment system specified in § 412.1(a)(3) before and after the merger, as long as the IRF hospital or IRF unit continues to meet all the requirements for payment under the IRF prospective payment system. If the owner(s) of the merged hospital do not accept assignment of the IRF hospital's provider agreement (or the provider agreement of the hospital with the IRF unit), then the IRF hospital or IRF unit is considered voluntarily terminated and the owner(s) of the merged hospital may reapply to the Medicare program to operate a new IRF.	• As with the change of ownership, the owner of the merged hospital must accept assignment of the hospital's (with the IRF unit) provider agreement to ensure uninterrupted reimbursement. • If the owner of the hospital to be merged doesn't accept assignment of the previous owner(s) Medicare provider agreement, the new owner(s) will not be eligible for reimbursement until the new owner(s) reapplies to the Medicare program to operate a new hospital and have additionally been granted IRF status. • IRF status is lost if a hospital is acquired and the new owner(s) reject assignment of the previous owner's Medicare provider agreement. This also applies to an acquisition that is followed by a merger.	• The IRF unit representative will verify whether the hospital in which the IRF unit is located has merged with another hospital. • If so, the IRF unit representative will verify whether the new hospital owner(s) accepted assignment of the IRF unit's existing Medicare provider agreement.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

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A3516	**§412.29(d)** Have in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient hospital program. This procedure must ensure that the preadmission screening is reviewed and approved by a rehabilitation physician prior to the patient's admission to the IRF.	• Review the hospital's procedures, or other alternative documents or records, to verify the hospital's rehabilitation unit has a preadmission screening procedure in place. • A review of the clinical records should indicate whether the IRF has such a screening procedure and whether it is using the screening procedure. • The purpose of the preadmission screen is to reduce the rate of hospital readmission by ensuring that the patients that are accepted to the IRF will benefit from intensive rehabilitation services.	The IRF unit representative will verify that: • The IRF unit has a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient hospital program; and, • The IRF unit is using the preadmission screening procedure on all patients admitted to the rehab unit.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3517	**§412.29(e)** Have in effect a procedure to ensure that patients receive close medical supervision, as evidenced by at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation to assess the patient both medically and functionally, as well as to modify the courses of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.	• Review the hospital's procedures or other alternative documents or records to verify the hospital has a procedure detailing close medical supervision for patients, including at least 3 face-to-face visits per week. • As part of the clinical record review, look for documentation supporting the physician visits.	The IRF unit representative will verify that: • The IRF unit has a procedure for close medical supervision of the patients, and • That this procedure includes at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation, for the purpose of assessing the patient both medically and functionally, as well as to modify the courses of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.			
A3518	**§412.29(f)** Furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy, and occupational therapy, plus as needed, speech-language pathology, social services, psychological services (including neuropsychological service) and orthotic and prosthetic services.	• Review the licenses of all qualified personnel that are required by the State to be licensed, to verify the licenses are up-to-date. Qualified personnel would include either personnel that are licensed in the State in which the services are provided or those personnel that are recognized under reciprocity by the State in which the services are provided.	The IRF unit representative will verify the following: That the IRF's patients receive rehabilitation nursing care, physical therapy, and occupational therapy, and, if needed, that they received speech-language pathology services, social services, psychological services (including neuropsychological services) and orthotic and prosthetic services.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3518 (cont.)		• Determine if the hospital has and follows a procedure to evaluate and document that personnel are qualified and that those personnel maintain their qualifications.	• That all of the IRF unit professional staff that provide the above-stated services have current licenses and certifications, as applicable.			
A3519	**§412.29(g)** Have a director of rehabilitation who —	• Verify the rehab unit has a director of rehabilitation by reviewing personnel logs or rosters and organization charts.	• The IRF unit representative will verify that the rehab unit has a Director of Rehabilitation.			
A3520	**§412.29(g)(1)** Provides services to the…rehabilitation unit, at least 20 hours per week;	• The 20 hours may be any combination of patient services and administration. Hours cannot be substituted by a Physician Assistant or by any other qualified professional. Verify the 20 hours through review of personnel time cards/logs, etc.	• The IRF unit representative will verify that the IRF unit director spends at least 20 hours per week providing a combination of patient services and administration at the rehab unit.			
A3521	**§412.29(g)(2)** Is a doctor of medicine or osteopathy;	• Review the IRF unit director's license to verify the he or she is a physician MD or DO.	• The IRF unit representative will review the IRF unit director's qualifications to verify that he or she is a physician with current licensure as an MD or DO.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3522	**§412.29(g)(3)** Is licensed under State law to practice medicine or surgery; and	• Ensure that the IRF unit director's physician license is current and issued by the State in which the IRF unit is located.	• The IRF unit representative will verify that the Director of Rehabilitation holds current, unexpired licensure as a physician in the State in which the IRF unit is located.			
A3523	**§412.29(g)(4)** Has had, after completing a 1-year hospital internship, at least 2 years of training or experience in the medical management of inpatients requiring rehabilitation services.	• Review personnel and/or credentialing files to verify the IRF unit director's training and experience complies with the regulation.	• The IRF unit representative will verify that the director of the IRF unit has at least 2 years of training or experience in the medical management of inpatients requiring rehabilitation services (after completing 1 year of residency).			
A3524	**§412.29(h)** Have a plan of treatment for each inpatient that is established, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient.	• Conduct a clinical record review to verify that each IRF patient has a plan of treatment and that the plans are updated whenever there is a change in the patient's condition. • The plan of treatment should include the patient's medical prognosis and the anticipated interventions, functional outcomes, and discharge destination from the IRF stay.	• The IRF unit representative will verify that the IRF unit has an established plan of treatment for each inpatient, that is prepared, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient.			

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Tag	Regulation	CMS Guidance	Actions Required to Determine If Requirements Met	Yes	No	N/A
A3524 (cont.)	**§412.29(h)** continued	The anticipated interventions detailed in the overall plan of care should include the expected intensity (meaning number of hours per day), frequency (meaning number of days per week), and duration (meaning total number of days during the IRF stay) of physical, occupational, speech-language pathology, and prosthetic/ orthotic therapies required by the patient during the IRF stay.				
A3525	**§412.29(h)(i)** Use a coordinated interdisciplinary team approach in the rehabilitation of each inpatient, as documented by the periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment and discharge plans and that team conferences are held at least once per week to determine the appropriateness of treatment.	• Determine whether the IRF unit uses an interdisciplinary team approach. • Review clinical records to determine whether the interdisciplinary team is meeting once a week to review patient progress toward goal attainment and discharge planning. • Determine if the documentation complies with the regulatory requirements.	• The IRF unit representative will verify whether the IRF unit has an interdisciplinary team, that meets once weekly to review patient progress and that documentation is in the medical records.			

Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

ATTESTATION STATEMENT

I hereby certify that the responses in this form are true and correct to the best of my knowledge, information and belief. Whoever knowingly and willfully makes or causes to be made a false statement or representation on this statement, may be prosecuted under applicable federal and state laws.

Printed Name of IRF Unit Representative:	Title of IRF Unit Representative:
Signature of IRF Unit Representative:	Date Signed:

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Rehabilitation Hospital Criteria Work Sheet (CMS-437A)

INSTRUCTIONS

1. The CMS-437A form is to be used by Inpatient Rehabilitation Facility (IRF) **units** to attest to meeting the criteria set forth at 42 CFR, Subchapter B, Part 412, sections 412.25 and 412.29 to be excluded from the Medicare Hospital Inpatient Prospective Payment System (IPPS).

2. All criteria of sections 412.25 and 412.29 must be met by the IRF unit in order to qualify for exclusion from Medicare's Hospital Inpatient Prospective Payment System (Hospital IPPS) or from the payment system used to pay Critical Access Hospitals (CAHs).

3. The hospital representative is expected to answer all questions accurately.

4. A **"Yes"** response indicates that the IRF unit has complied with the applicable regulations. A **"No"** response indicates that the IRF unit has not complied with the regulation. An **"N/A"** response indicates that the regulation section does not apply to that IRF unit.

5. The facility staff person completing this form should have all answers verified by the director of rehabilitation, medical director, medical records office, or any applicable facility management staff to verify the accuracy of all responses.

6. The IRF Unit must submit the completed and verified CMS-437A form to the State Survey Agency for their State.

7. The information and attestations contained in a CMS-437A form submitted by an IRF unit may be verified by the State Survey Agency, CMS Location, or MAC, as applicable.