

## Therapy Assessment for Bed Rails or Side Rails

**Note:** This form may only be completed by a Physical Therapist or Occupational Therapist to determine a recommendation for bed rails / side rails, and does not guarantee payment for the rails. Completed form should be returned to authorizing prescriber and referring case worker. The form should not be altered in any way.

<b>Section 1. Client Information</b>		
CLIENT'S NAME	CLIENT ID (PROVIDER ONE NUMBER)	DATE OF REQUEST
CASE WORKER'S NAME	CASE WORKER'S TELEPHONE NUMBER (AND AREA CODE)	CASE WORKER'S FAX NUMBER (AND AREA CODE)
CASE WORKER'S EMAIL		
What is the diagnosis / medical condition for which the use of bed rails or side rails is being considered? (Do not use ICD10 codes for the diagnosis.)		
How many hours a day is there a caregiver available?		How many caregivers?
<b>Section 2. Assessment</b>		
What is the specific medical or functional need for the bed rails or side rails requested including all related accessories and modifications?		
What other alternatives to bed rails or side rails have been tried? What were the results of the trials?		
If no alternatives have been tried, please explain.		
Does the client already own similar equipment? If yes, why does it not meet their current medical or functional needs?		

CLIENT NAME		CLIENT ID (PROVIDER ONE NUMBER)	DATE OF REQUEST
<p>Does the client have a hospital bed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have a standard bed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the client's ability to raise and lower rails? <input type="checkbox"/> Independent <input type="checkbox"/> Requires assistance</p> <p>What is the client's cognitive ability? <input type="checkbox"/> Consistently makes needs known <input type="checkbox"/> Not able to make needs known  <input type="checkbox"/> Cognitively intact <input type="checkbox"/> Cognitively impaired</p> <p>Does client have a history of falls from bed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the client's transfer ability? <input type="checkbox"/> Full assist <input type="checkbox"/> Moderate assist <input type="checkbox"/> No assist</p>			
ADDITIONAL COMMENTS			
<b>Section 3. Recommendation</b>			
<p>Are rails recommended to assist with transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are rails recommended to assist with bed positioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the purchase of bed rails / side rails recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of rails recommended: <input type="checkbox"/> Half rails <input type="checkbox"/> Full rails <input type="checkbox"/> Other (please describe):</p>			
<b>Section 4. Signature</b>			
THERAPIST'S SIGNATURE		DATE	PRINTED NAME
THERAPIST'S TELEPHONE NUMBER (AND AREA CODE)		THERAPIST'S FAX NUMBER (AND AREA CODE)	
AUTHORIZING PRESCRIBER'S NAME			
AUTHORIZING PRESCRIBER'S TELEPHONE NUMBER (AND AREA CODE)		AUTHORIZING PRESCRIBER'S FAX NUMBER (AND AREA CODE)	

## Bed Rails / Side Rails Form Instructions and Work Flow

1. The Department of Social and Health Services / Area Agency on Aging (AAA) case worker initiates the request for a therapy assessment for bed / side rails by completing form DSHS 13-906 with client demographics , date of request, case worker name and contact information, caregiving hours and number of caregivers, and authorizing prescriber (if known).
2. The rails assessment form is sent to the therapist for completion.
3. The therapist completes the form and makes a determination whether rails are recommended and if so what style of rails and their use.
4. Upon completion of the form the therapist sends the form to the referring case worker and prescriber (whether rails are recommended or not recommended).
  - a) If rails are recommended, and being purchased by the Health Care Authority, the therapist sends the form to the authorizing prescriber and DSHS / AAA case worker.
  - b) If rails are recommended and being purchased through a LTC waiver or with DDA prior approval, the therapist sends the form to the authorizing prescriber and DSHS / AAA case worker.