

Planning for Inpatient Rehabilitation (Rehab) Services

What Is Rehab?

If your family member is in the hospital for an acute illness or injury or for surgery, you may be told that the next step in care is “rehab.” **Rehabilitation (or simply “rehab”) is treatment to help patients regain (get back) all or some of the movement and function they lost because of the current health problem.**

Rehab itself is very different from hospital care. While your family member might still be quite ill and need medical attention, he or she will be expected to be active during the rehab process. Rehab is hard work.

You will find that things are done differently in rehab than in a hospital. You will see many active patients and therapists in the halls and treatment rooms. In general, you will find that rehab has an active, “workout” atmosphere that may not feel like a place for sick people.

Your family member will be expected to work as hard as possible during the rehab process, and you will have many responsibilities. For example, you will be expected to provide loose, comfortable clothing for your family member to make it easy for him or her to get dressed and to take part in therapy sessions. You will be expected to participate in meetings with the medical team. This will allow you to ask questions and understand your family member’s rehab process.



Many patients say that the transition (move) from a hospital or other care setting to rehab can be very confusing.

Here are five important points to remember:

1. The goal of rehab is to help patients be independent — doing as much for themselves as they can.
2. Rehab is done *with* a patient, not *to* a patient. Your family member must be willing and able to work with rehab services during active treatment and, later, with caregivers or by themselves at home.
3. The patient's chronic (long-term) health conditions, such as high blood pressure or cholesterol, are treated during rehab, but they are not the reason the patient is in rehab.
4. Most rehab services last weeks, not months.
5. Most insurance policies cover rehab when ordered by a doctor, but there will probably be extra costs.

Where Are Rehab Services Provided?

Patients can get rehab services at home, in a local clinic, or at an inpatient setting (either a rehab unit within a hospital, nursing home, or a separate rehab facility).

While this guide looks only at inpatient rehab services, rehab services can be provided by a home health agency as a "skilled service." In this case, your family member must be well enough to be at home. You may want to consider whether home care including rehab is an option for your relative. There are also outpatient rehab services. In this case, your family member must be able to travel back and forth to the clinic or hospital that provides rehab.

Inpatient Rehab Settings

Inpatient rehab can take place at any of these settings:

- ▶ **Rehab unit within a hospital or a separate inpatient rehab facility (IRF).** These rehab programs are usually very intense. Patients must be able to benefit from, and receive, at least three hours of therapy five days each week. Some patients may be admitted even though they are not able to tolerate an intense program at first if the therapists believe that the patient will be able to improve quickly. If possible, talk with your family member about whether this setting is right for his or her needs. Think about his or her current illness as well as other chronic health problems. Check with your family member's doctor and physical therapist about this level of rehab.
- ▶ **Rehab unit within a skilled nursing Facility (SNF)—also called a nursing home.** Most patients who are discharged to rehab go to a SNF (pronounced like "sniff"). These programs offer the same types of services as an IRF but at a less intense level. Rehab services at a SNF are not the same as long-term care in a nursing home. Indeed, most patients at a SNF are discharged home when rehab is over. Some patients do move to the regular long-term care part of a SNF, however, so you should be aware of this possibility.
- ▶ **Special settings.** Some types of rehab take place in special settings such as brain injury units or cardiac (heart) units. Ask hospital staff if this is an option you and your family member should consider.



A discharge planner in the hospital (usually a nurse or social worker) will provide a list of rehab settings appropriate for your family member. You and your family member will be asked to choose up to five places where you are willing to go. When there is an open bed at any of these settings and your family member is well enough to leave the hospital, you will be asked to accept this placement and leave the hospital. You will not have much time—another reason you should be prepared.

Making a Choice about Settings

The hospital treatment team may suggest that your family member go to rehab after leaving the hospital. (Sometimes staff members will say “go to a nursing home” when what they really mean is going to a rehab unit in a SNF.)

Rehab settings are different from hospitals. They decide which patients they accept on the basis of whether the person can benefit from the level and kind of services they provide. So, even if you decide, for example, that your family member would like to have rehab in an IRF, the IRF may not be willing to accept him or her.

Here are some things to think about when making a choice about rehab setting:

- ▶ **Amount of services.** Some rehab settings are more intense and active than others. Think about your family member’s current health problem as well as any chronic concerns. Talk about these with your family member’s medical team to make the best choice.
- ▶ **Location.** The ideal is to find a rehab setting near where you live or work. This way, it is easy for you to visit. You might want to go to therapy with your family member, learn how to help your family member do the exercises, find out how to get the house ready, help plan for discharge, or offer comfort and moral support throughout the rehab process.
- ▶ **Cost.** Medicare, Medicaid, and most private health insurance plans may pay all or some of the rehab costs. But there are strict guidelines, and you need to pay all costs that insurance does not cover. It is important to learn as much as you can. You can do so by talking with the discharge planner or someone at the financial office in the rehab facility.

Rehab Services

Patients often work with two or more rehab services. These include:

- ▶ **Physical therapy (PT).** This helps patients with problems moving, balancing, walking, and performing other activities. PT can also help patients with prosthetic (artificial) arms or legs, shoe inserts, wheelchairs, walkers, and other assistive devices.
- ▶ **Occupational therapy (OT).** This helps patients be more independent with self-care and other daily tasks, such as eating, getting dressed, typing, and using the telephone.
- ▶ **Speech therapy.** This helps patients relearn language skills such as talking, reading, and writing. It can also help with swallowing problems.
- ▶ **Psychological counseling (or simply “counseling”).** This helps patients (and sometimes also their family members) adjust to major life changes caused by an illness or injury. Counseling may be offered individually (one patient at a time) or in a group.

Going from Hospital to Inpatient Rehab to Home

- ▶ **Going from hospital to rehab.** Hospital staff should tell the rehab staff about what they did as treatment and care for your family member.
- ▶ **Clothing.** Your family member will need to wear loose, comfortable clothes (not gowns) to participate in therapy sessions (such as physical therapy or occupational therapy). The facility does not provide such clothing, so you will have to bring them from home or buy them. It is important to put labels in the clothing and bring them to the rehab facility at the time of admission. Make sure to ask the rehab team about the facility’s specific policies about clothing.



Going back to the hospital. During the rehab stay, your family member's medical condition may change. He or she may need to be hospitalized. In that event, he or she may be able to return to the rehab setting or a long-term placement may be more appropriate. Ask the social worker, or someone at the financial office about the facility's "bed hold" policy—the amount of time it will hold your family member's bed during a hospital stay, and the financial responsibility for holding the bed.

- ▶ **Initial assessment for restorative potential.** Rehab staff will assess your family member within two days of admission. The most important finding is "restorative potential." This means the level of function (ability to move or do activities) that your family member is likely to regain from rehab. Restorative potential has to do with only the current illness, and not any chronic condition, such as diabetes, arthritis, or dementia. Insurance pays for rehab only when your family member is making progress toward restorative potential.
- ▶ **Rehab begins.** The amount of time your family member spends in rehab depends on the type of setting. Staff will assess your family member throughout the rehab process to make sure he or she is making progress toward restorative potential.
- ▶ **Care plan ("team") meeting.** This meeting takes place after rehab has started. It includes staff from nursing, social services, dietary, recreation, and rehabilitation who discuss your family member's progress. You and your family member will be asked to attend. This is a good time to ask questions and raise any concerns.
- ▶ **Discharge to home.** Patients are discharged from rehab when the team assesses that they have reached a "plateau" (a time when the patient is not making any progress, but is not getting any worse). This means that the patient is not likely to make more progress. When your family member reaches a plateau, rehab staff will give you a written notice stating that Medicare or other insurance will end on a certain date (often the day after this notice is given). Speak up and let the staff know if you feel that your family member needs more time.
- ▶ **Rehab after discharge.** Many patients continue their rehab after leaving an inpatient setting. This can happen at home or in the community as an outpatient. Many patients feel much better and improve quickly when they have returned to the comforts of home.

Factors that Affect a Patient's Rehab Progress

To repeat, rehab is hard work. Here are some factors that can affect a patient's progress:

- ▶ **Patient motivation (how much a patient is willing to work at rehab).** People differ when it comes to motivation. It can depend on a person's illness, type of rehab, and restorative potential. A person's personality is also a factor; some people like a challenge while others do better without pressure. Sometimes it is hard to know whether to respond with a gentle or a firm approach. Praise is always good, even if progress seems slow. Caregivers can help by talking with rehab staff about how their family member has dealt with other life challenges.
- ▶ **Relationships with therapists.** Your family member will likely work with many therapists. Of course, each has his or her own style. Let each therapist know what style works best and ask that this information be written in the treatment plan.
- ▶ **Expectations.** One of the hardest parts of rehab is being realistic about how much function a patient can get back. Some patients make a full recovery and get back to the same level as before. Other patients improve just a little. You and your family member may need to adjust expectations and learn new ways of doing daily tasks.
- ▶ **Feelings.** Patients can have a lot of feelings during rehab. These can be feelings about the injury or illness itself, attitudes about rehab and restorative potential, or expectations for recovery. Feeling tired, angry, discouraged, or overwhelmed is normal and part of the rehab process. Talk with the staff if you think these feelings are so strong in your family member that they may affect the rehab progress. As a family caregiver who is watching or being part of the rehab process, you will also have many strong feelings. You may need someone to talk to as well. It may help to discuss these feelings with the social worker, or ask the staff who can help you.

How Family Caregivers Can Help



Rehab is an important part of your family member's care and recovery. To get the most out of rehab, you and your family member should understand the goals and limits of rehab services, and work closely with staff. Rehab is hard work, but the results can be well worth the effort.

- ▶ **Have a good relationship with rehab staff.** Talk with staff about the rehab plan. Ask how your family member is doing in treatment. Speak up if you have concerns about the care your family member is getting.
- ▶ **Encourage independence.** The purpose of rehab is to help patients be as independent as possible. You can help by encouraging your family member to do as much as he or she can. This is a sign of love, not disrespect. It does not help to be overprotective, which can slow a patient's progress.
- ▶ **Balance your need to know with your family member's wish for privacy.** While some patients always want caregivers with them, others prefer to have therapy sessions alone. Talk with your family member about the right balance between these options.
- ▶ **Figure out when and how much to visit.** While of course you want to help your family member, you likely have other work or family responsibilities. Even if you can visit only in the evening, you can still talk with night staff or make an appointment to meet with staff another time.
- ▶ **Find ways to help.** This can be friendly visits, bringing pictures from home, going to care plan meetings, talking with staff about discharge, going to rehab sessions, or working with the therapists.

Paying for Rehab Services

Insurance coverage can be confusing. Your family member may have Medicaid, Medicare, private health insurance, or some combination of these plans. Make sure you fully understand what insurance will and will not pay for. We strongly suggest that you learn more by talking with the financial office at your family member's rehab facility.

Here are some basic facts about paying for rehab:

Medicaid. Medicaid will pay for rehab if your family member meets its strict guidelines about the type and amount of service. If your family member is eligible for Medicaid but does not yet have it, staff at the rehab setting can help you apply.

Medicare. Medicare may or may not pay for rehab services from a skilled nursing facility (SNF). To qualify, your family member must:

- ▶ Need skilled nursing care 7 days a week or skilled rehab services 5 days a week. A doctor or nurse practitioner must certify that your family member needs these services.
- ▶ Have been in a hospital for at least 3 consecutive days (not counting the discharge day) within the 30-day period before going to a SNF.
- ▶ Be admitted to the SNF for the same illness or injury that was treated in the hospital.
- ▶ Be assessed by rehab staff at least once a week to find out whether he or she has reached restorative potential. Medicare stops paying for rehab services when patients reach this level. Medicare uses the term “benefit period” to define the time for rehab services. Here are some facts:
 - ▶ A benefit period begins on the first day your family member is admitted to a hospital or a SNF and continues for up to 100 days. It ends when your family member has not received services from a hospital or SNF for 60 days in a row.
 - ▶ Medicare will assess staff reports of your family member’s progress and stop paying for rehab services when he or she has reached restorative potential. This may take less than 100 days.
 - ▶ You can appeal if Medicare says that it will no longer pay for rehab services. Understand that there is a lot of paperwork involved. To learn more about how to appeal a Medicare decision, talk with the people at the financial office at the rehab facility.
 - ▶ Medicare puts no limits on the number of benefit periods a patient can have.

- ▶ When Medicare pays for rehab services, it pays the full cost for the first 20 days and part of the cost for the next 80. Your family member or you will have to pay a co-insurance cost during these 80 days. This fee is set by Medicare and not the rehab setting.

Medicare and Medicaid. Some patients are “dually eligible”; this means they have Medicaid and Medicare at the same time. When this happens, Medicaid pays for rehab services not covered by Medicare.

Private health insurance. Most health insurance plans follow the same guidelines as Medicare, but may require more frequent assessments of the patient’s restorative potential. Talk with the health insurance company when your family member is admitted to rehab and throughout the course of care.

Other Costs

Even when Medicare or other insurance pays for all or most of rehab, there may still be costs that you or your family member has to pay. They may include:

- ▶ **Private telephones, haircuts, and other personal care services.**
- ▶ **Ambulance transportation.** While Medicare or other insurance will pay for an ambulance to take your family member from the hospital to an inpatient rehab facility, it may not pay the costs of going elsewhere for other tests.
- ▶ **Service after a patient reaches restorative potential.** Some patients need more time to reach their full potential. If Medicare or other health insurance has ended, your family member may have to move to another setting. Staff will assess your family member to get a better idea of what services he or she needs. You or your family member must pay all costs that insurance does not cover. This situation is quite common, especially with older adults. The good news is that your family member is still making progress toward rehab goals.