Directing Your Care – Time Spent in Rehab

As our tour through the medical system continues, I suspect you may already have experience with the realities of rehab, but I will offer some insights that may be helpful. On admission to the hospital with an acute issue, the Case Managers there immediately begin developing the plan for your discharge. The hospital is required to make a recommendation for discharge to the correct level of care based on patient safety and the need for further monitoring or support. Hospitals are evaluated by Medicare for their rate of acute re-hospitalizations. That is, if something should happen after discharge which lands you back in the hospital, they are penalized and risk being on the hook financially for your care.

Hospital care is of course the most expensive care, and the demands of operating the institution often make your healing and return to independence challenging. However, for each day a senior spends on her back in the hospital, several days are required to regain strength. Of course, if there is bone or soft tissue injury, physical assistance is likely needed, as well as skilled therapy which goes beyond what can be delivered at home. In addition, if there are concerns about continued pain management or needs to monitor status after a medication change, patients likely need medical supervision.

This is called a "skilled nursing facility" (SNF) where care needs may require the professional *interventions of nursing as described by the nurse practice act. Physical, occupational and speech* therapy are also considered skilled therapy, and this ultimately means that it is covered by Medicare(MCR) and those private insurance that parallel MCR regulations. Each SNF has a medical director, who responds to the assessment concerns of nurses. The list of medications you receive includes standard protocols for that facility along with those medications listed on discharge from the hospital. Generally speaking little change to your regimen is done while in the SNF, outside of adjustments for BP, diuretics and pain. Should you develop significant issue while there, such as a UTI or other infection you are likely readmitted to the hospital.

I have inserted below the coverage descriptions from the Medicare.gov website.

Medicare Part A (Hospital Insurance) covers skilled nursing care provided in a skilled nursing facility (SNF) under certain conditions for a limited time.

Medicare-covered services include, but aren't limited to:

Semi-private room (a room you share with other patients)

Meals

Skilled nursing care

*Physical and occupational therapy**

*Speech-language pathology services**

Medical social services

Medications

Medical supplies and equipment used in the facility

Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the SNF

Dietary counseling

**Medicare covers these services if they're needed to meet your health goal.*

Who's eligible? People with Medicare are covered if they meet all of these conditions:

1. *You have Part A and have days left in your benefit period.*

2. *You have a qualifying hospital stay.*

3. *Your doctor has decided that you need daily skilled care given by, or under the direct supervision of, skilled nursing or therapy staff. If you're in the SNF for skilled rehabilitation services only, your care is considered daily care even if these therapy services are offered just 5 or 6 days a week, as long as you need and get the therapy services each day they're offered.*

4. *You get these skilled services in a SNF that's certified by Medicare.*

5. *You need these skilled services for a medical condition that was either:*

- *A hospital-related medical condition.*
- *A condition that started while you were getting care in the skilled nursing facility for a hospital-related medical condition.*

Your doctor may order observation services to help decide whether you need to be admitted to the hospital as an inpatient or can be discharged. During the time you're getting observation services in the hospital, you're considered an outpatient—you can't count this time towards the 3-day inpatient hospital stay needed for Medicare to cover your SNF stay. Find out if you're an inpatient or an outpatient.

Note: If you refuse your daily skilled care or therapy, you may lose your Medicare SNF coverage. If your condition won't allow you to get skilled care (like if you get the flu), you may be able to continue to get Medicare coverage temporarily.

Your costs in Original Medicare. You pay:

Days 1–20: $0 for each benefit period.

Days 21–100: $161 coinsurance per day of each benefit period.

Days 101 and beyond: all costs.

If you stop getting skilled care in the SNF, or leave the SNF altogether, your SNF coverage may be affected depending on how long your break in SNF care lasts.

If your break in skilled care lasts more than 30 days, you need a new 3-day hospital stay to qualify for additional SNF care. The new hospital stay doesn't need to be for the same condition that you were treated for during your previous stay.

If your break in skilled care lasts for at least 60 days in a row, this ends your current benefit period and renews your SNF benefits. This means that the maximum coverage available would be up to 100 days of SNF benefits.

To summarize, you need to spend three nights in the hospital as an inpatient to qualify for care in the SNF under Medicare. Admission under observation status does not count toward your eligibility and therefore limits MCR coverage. The skilled services must be able to document your progress or on- going need for skilled care to qualify you for coverage. Needless to say, all these facilities have private pay rates should you need more assistance than can be arranged at home or you plateau before you are ready to be home, usually in the range of $350/day not including the therapy services you may require. These facilities do have an interest in keeping their beds filled and are well practiced at finding ways of keeping you as long as seems useful. Discharges can come quickly when they determine that benefits have been exhausted.

It is important to have your advocate there to help you keep the conversation going about goals and progress. Team care planning meetings are an important part of that process, including family, and if wanted Lathrop Wellness staff. We can help with questions about what may be needed to help you safely and appropriately transfer back to life at Lathrop, with or without help if needed.

Like hospitals, nursing facilities are graded on specifics outcomes and on patient satisfaction. Those ratings are posted on https://www.medicare.gov/**nursinghomecompare**