



Advancing Care. Protecting Access To Rehabilitation

Every prevented denial improves outcomes, preserves mission and recovers revenue.

Insurance Denials for Post-Acute Stroke Rehabilitation

The broken pathway: Stroke → **DENIAL** → Delay → Decline

The Care Directions® pathway: Stroke → Stroke-DP™ → Timely Rehabilitation → Recovery

The Problem for Clinicians and Case Managers

Stroke clinicians and case managers are increasingly encountering insurance denials of medically necessary post-acute rehabilitation—particularly under Medicare Advantage—even when recommendations are clinically sound and guideline-concordant. Prior authorization requirements frequently override bedside clinical judgment.

Negative Clinical Impact

- ☒ Physician-ordered IRF or SNF rehabilitation is denied or delayed
- ☒ Patients remain hospitalized, inactive, and deconditioning
- ☒ Families are distressed and unprepared to navigate appeals
- ☒ Clinicians spend hours rewriting notes and justifications
- ☒ Moral distress and burnout increase among care teams

Care Directions® Solutions: Stroke-DP™

- ☒ Standardized stroke-specific recovery planning questionnaire
- ☒ Documentation aligned with CMS coverage criteria and payer language
- ☒ AI-supported generation of site-of-care recommendations, prior authorizations, peer-to-peer talking points, and appeal letters
- ☒ Embedded workflows and templates that reduce documentation burden
- ☒ Registry of trained advocates to support patients and families

Value to Clinicians and Case Managers

- ☒ Preserves clinical autonomy and judgment
- ☒ Reduces repetitive documentation and administrative burden
- ☒ Decreases time spent on denials and appeals
- ☒ Supports ethical, evidence-based discharge decisions
- ☒ Improves communication with patients and families



Stroke-DP™ does not change what clinicians recommend—it helps ensure patients receive it.

Why Partner with Care Directions?

- Founded by Pamela W. Duncan, PT, PhD, FAPTA — internationally recognized stroke rehabilitation leader
- Built by clinicians, in collaboration with Silicon Valley AI experts
- Patient-centered, payer-realistic, and designed for national scale

Learn more at www.caredirections.com

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The Human Cost

An 80-year-old retired academic with a medically complex stroke was ordered for inpatient rehabilitation and able to tolerate three hours of therapy daily. Despite clear medical necessity, rehabilitation was denied after physician peer-to-peer review, resulting in a five-day increase in acute length of stay and functional decline.

Approval was achieved only after a family appeal supported by standardized Stroke-DP™ assessment, AI-supported clinical justification, expert advocacy, and Medicare data comparing local IRF and SNF readmission rates.



Watching our loved one decline while waiting for approval was heartbreaking. Once we had the right documentation and advocacy, everything changed. – Patient Quote

Learn more about how Care Directions helped this client, and others, **improve patient outcomes, preserve mission and recovery revenue.**



Learn more at www.caredirections.com

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