Your Guide to Post-Acute Stroke Rehabilitation

Right Care. Right Time. Right Place.

Stroke recovery begins immediately!

Immediate and timely access to the appropriate level of rehabilitation is essential to maximize recovery, prevent complications, and prevent a second stroke.

After emergency treatment, the **next most important decision** is:

Where will rehabilitation happen?

Hospitals aim for safe, timely discharge.
Families also want the right rehabilitation setting.

The solution is early, informed teamwork — not delaying discharge from acute care but immediate transfer to right rehabilitation care.

STEP 1: ACT FAST — START DISCHARGE PLANNING EARLY

As soon as the patient is medically stable:

✓ Meet with the therapy team
✓ Ask what level of rehabilitation is recommended
✓ Ask why this level is medically necessary
✓ Ask whether prior authorization is required
✓ Confirm insurance review has started

Early action prevents delays and supports smooth discharge.

CAREDIRECTIONS

STEP 2: Understand the Different Rehabilitation Settings

Setting	Therapy Intensity	Best For	Typical Stay
Inpatient Rehabilitation Facility (IRF)	~3 hours/day, 5 days/week	Patients able to tolerate intensive therapy and expected to make measurable improvement	10–14 days
Skilled Nursing Facility (SNF)	1–2 hours/day	Patients needing rehabilitation but unable to tolerate 3 hours/day	Variable
Home Health	1–3 visits/week	Homebound patients requiring intermittent therapy	Weeks–months
Outpatient Therapy	Scheduled visits	Patients able to travel safely	Ongoing
Long-Term Acute Care Hospital (LTACH)	Hospital-level care	Medically complex patients requiring extended care	Extended stay

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Quick Comparison: IRF vs SNF

Requirement	IRF	SNF
3 hours of therapy/day	✓ Required	✗ Not required
Daily rehabilitation physician	✓ Yes	✗ No
24-hour rehabilitation nursing	✓ Yes	No
Expected measurable improvement	✓ Required	May focus on slower progress

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STEP 3: Check Quality in Your Community

Medicare provides public quality ratings to help families compare rehabilitation facilities. The following website link from Medicare Compare provides information about the types of providers such as inpatient rehabilitation facilities, nursing homes and rehab services, home health as well as physicians, hospitals and others. It also includes maps to help you find providers in your area.

How to Compare Facilities

Go to: **www.Medicare.gov/care-compare**

Steps:

1. Enter the patient's ZIP code, city, or state
2. Select facility type (IRF, SNF, Home Health)
3. Click "Compare"

Review:

⭐ Overall Star Rating
Hospital readmission rates
Percentage of patients who return home
Staffing levels

Quality and staffing significantly impact recovery and second stroke prevention.

STEP 4: Understand Prior Authorization

Traditional Medicare

Feature	Coverage
Prior authorization required?	❌ Usually No
Coverage standard	Medically necessary care

Medicare Advantage (MA)

Feature	Coverage
Prior authorization required?	✓ Yes
Possible delays or denials?	✓ Yes
Required to provide benefits equivalent to Traditional Medicare?	✓ Yes

Why Care Is Sometimes Denied

Common reasons include:

- "Not medically necessary"
- "Can be treated at a lower level of care"
- Care Team documentation of function, medical necessity, risks, is insufficient and poorly aligned with the Center for Medicare and Medicaid (CMS) criteria

Important: Many denials are overturned on appeal.

STEP 5: If Care Is Denied — Act Immediately

1️⃣ Work With Your Medical Team

Request:

- Detailed documentation of medical necessity
- Therapy notes supporting intensity needs
- A clear statement explaining risks if a lower level of care is chosen

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2️⃣ File an Appeal

Medicare Advantage Required Appeal Timelines For Patients Waiting Placement At Acute Hospital Discharge.

Expedited (urgent) **Within 72 hours**

✓ Request the denial in writing
✓ Keep copies of all documents
✓ Record all conversations with the insurance staff

When to Contact a QIO (Traditional Medicare)

A **Quality Improvement Organization (QIO)** may review:

• Unsafe hospital discharge
• Early termination of services

Expedited reviews are often completed within 24–48 hours.

Ask the hospital case manager for:

• QIO contact information
• A Notice of Medicare Non-Coverage (if services are ending)

Act quickly — requests typically must be filed by midnight of the day after receiving notice.

Key Message for Families

Hospitals are not trying to delay care.
They are working to discharge patients safely and efficiently.

Families who:

• Engage early
• Understand rehabilitation options
• Review quality ratings
• Confirm insurance authorization

Reduce delays and improve recovery outcomes.

CAREDIRECTIONS

Simple Discharge Planning Checklist

✓ What level of rehabilitation is recommended?
✓ Why is this level medically necessary?
✓ Does insurance require prior authorization?
✓ Has authorization been submitted?
✓ What are the quality ratings of the recommended facility?
✓ What is the plan if authorization is denied?

Care Directions – You Are Not Alone

www.care-directions.com

We help families:

✓ Understand rehabilitation options
✓ Align documentation with Medicare criteria
✓ Support prior authorization
✓ Guide peer-to-peer discussions
✓ Prepare appeal letters
✓ Support multi-level appeals

Our Goal:

Right stroke rehabilitation. Right time. Right level of care.