



“HOW MANY PEOPLE GET A CHANCE TO DO THEIR LIFE OVER AGAIN? NOT MANY. SO, I’M GOING TO TAKE FULL ADVANTAGE OF IT.”

SABRINA WARREN-WHITE, STROKE SURVIVOR

Your **REHABILITATION** Options

High-quality rehab will help ensure that you reach your full-potential recovery. We offer this guide to help you get started. It includes the information you and your family need to make informed decisions and plan the rehabilitation journey. The best stroke rehab results from a combined effort by you and your loved ones along with a team of healthcare professionals.

You are not alone. There are more than 7 million stroke survivors in the United States.



**American
Stroke
Association.**
*A division of the
American Heart Association.*

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On Sept. 3, 2016, Trudy Kulstad suffered a stroke. Thanks to excellent care at an inpatient rehabilitative care facility and her loving husband John, Trudy returned to life on their farm near Powers Lake, N.D.

CHOOSING THE RIGHT SETTING

YOU CAN REHAB AT:

- Inpatient rehabilitation facility
- Skilled nursing facility
- Long-term care facility
- Long-term acute care hospital
- Home-based or outpatient care

Your needs determine which type(s) is best for you.

INPATIENT REHABILITATION FACILITY (IRF)

An IRF can be a separate unit of a hospital or a free-standing building that provides hospital-level care to stroke survivors who need intensive rehabilitation.

IRFs provide at least three hours per day of active rehabilitation at least five days a week with:

- Physical therapists
- Occupational therapists
- Speech therapists
- Nurses (available 24/7)
- Doctors typically visit daily

Medicare generally covers your care in an IRF. You will need to pay your Medicare Part A deductible and coinsurance. Some Medicare supplemental (“Medigap”) insurance policies will cover part or all of your deductible and coinsurance so check your insurance coverage. Private insurance coverage for IRF care varies.

“The AHA/ASA recommends IRF care if you can tolerate at least three hours a day of stroke rehabilitation.”

SKILLED NURSING FACILITY (SNF)

A SNF provides rehabilitation care and skilled nursing services for patients who:

- Are not well enough to be discharged to home and cannot tolerate the more intensive amount of therapy provided by an IRF.
- Can benefit from having a registered nurse on site for a minimum of eight hours per day (on a physician's plan).
- Need nursing and/or rehabilitation.
- Don't need daily supervision by a physician, although the care provided must still be based on a physician's plans.

A SNF can be a stand-alone facility, but when it is in a nursing home or hospital, it must be a separately licensed unit, wing or building.

Medicare will generally cover up to 100 days in a SNF. You will pay nothing for the first 20 days. There will be a co-pay for days 21-100. Some Medicare supplemental ("Medigap") insurance policies will cover part or all of your co-pay so check your insurance coverage. Private insurance coverage for care at a SNF varies.

LONG-TERM CARE FACILITY

- Long-term care facilities (nursing homes) provide long-term basic nursing care and assistance for people who need help with everyday activities, such as dressing or bathing. This is residential care for people who can't live in the community.
- Long-term care facilities provide limited rehabilitative services except for those receiving care through a separate SNF wing or unit.
- Long-term care is generally paid out of pocket, by long-term care insurance or through the Medicaid program. Medicare and most private health insurance (comprehensive medical) policies do NOT cover long-term care facility care.

LONG-TERM ACUTE CARE HOSPITAL

- Long-term acute care hospitals provide extended care to people with complex medical needs (such as being on a ventilator) due to a combination of acute and chronic conditions.
- The average length of stay is 25+ days.
- Medicare, Medicaid and most private health insurance plans cover this care, although copays or coinsurance may apply.

HOME-BASED OR OUTPATIENT CARE

- Home-based or outpatient care is provided by home healthcare agencies or in outpatient office.
- Medicare, Medicaid and some private insurance plans cover home health care and outpatient therapy services.
- Many private insurance companies impose caps on the number of outpatient therapy sessions they will cover.



“YOU CAN HAVE A STROKE, BUT THE STROKE DOES NOT HAVE TO HAVE YOU. THERE IS LIFE AFTER A STROKE.”

WANDA WALTON AHA NEWS

ONLINE RESOURCES

Nursing Home Comparison:

Before you decide, research the care & quality of Medicare and Medicaid-certified nursing facilities in the country.

[medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare)

North Dakota Aging and Disability Resource-LINK:

Connect with services needed to maintain or improve the quality of life; explore this site or contact the free and confidential ADRL to guide you to the services and support available in your community.

1.855.462.5465

carechoice.nd.assistguide.net/

Inpatient Rehabilitation Facilities:

Find and compare the quality of rehabilitation facilities.

www.medicare.gov/inpatient-rehabilitationfacilitycompare

North Dakota Brain Injury Network:

Get personalized information and support to assist in making informed decisions and maximize the quality of life following a brain injury; search for resources on NDBIN's online directory or contact them for assistance navigating the recovery journey.

1.855.866.1884

info@ndbin.org

AMERICAN STROKE ASSOCIATION offers a wide range of resources at strokeassociation.org/recovery



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