

MAKING REHABILITATION DECISIONS

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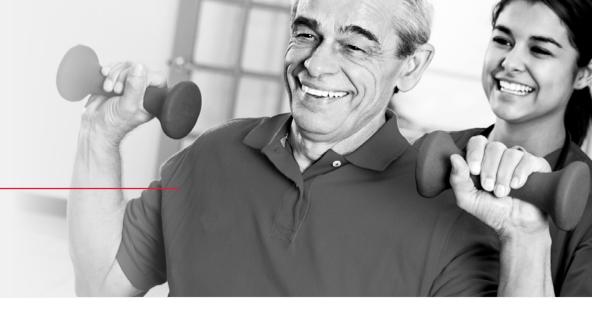
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More than 7 million stroke survivors live in the united states.³ But not all strokes are the same. So, use this guide to help make the best decisions for you or your loved one's rehabilitation. Recognizing that your life and your loved ones' lives have changed overnight and that it can be overwhelming to be so quickly faced with an important decision about your recovery is not easy. We are here to help you in this journey.



REHABILITATION IS KEY TO RECOVERY AFTER STROKE. IT HELPS YOU RELEARN OR CHANGE HOW YOU LIVE.

WHAT WILL I DO IN REHAB?

What you do in rehab depends on what you need to be independent. Areas you may need to improve include:

- Self-care skills such as feeding, grooming, bathing, toileting and dressing
- Mobility skills such as transferring (from chair to bed or bed to chair, etc), walking or self-propelling a wheelchair
- · Communication skills in speech and language
- · Cognitive skills such as memory or problem solving
- · Social skills for interacting with other people

WHEN DOES REHAB BEGIN?

Your doctor decides when you're stable and able to benefit from it. Most rehab services require a doctor's order.

WHAT IS A REHAB PROGRAM?

A program may include:

- · Rehabilitation Nursing
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Audiology
- Recreational Therapy
- Nutritional Care
- Counseling
- Social Work
- Psychiatry/Psychology
- Chaplaincy
- Patient/Family Education
- Support Groups

STROKE REHAB SHOULD INCLUDE:

- Training to improve mobility and ability to do daily tasks
- Tailored post-stroke exercise program
- Access to cognitive/engagement activities (books, games, computer)
- Speech therapy, if stroke caused difficulty speaking or swallowing
- Eye exercises, if stroke caused a loss of vision
- Balance training for those with poor balance or with a fall risk
- Adaptive strategies to help you function within a "new normal"

YOU OR YOUR LOVED ONE
MAY ALSO NEED A VOCATIONAL
EVALUATION.² THIS INCLUDES
A LOOK AT YOUR MEDICAL,
PSYCHOLOGICAL, SOCIAL,
VOCATIONAL, EDUCATIONAL
AND CULTURAL STATUS.
A PLAN IS THEN MADE TO
HELP YOU WORK EVEN IF
YOU HAVE A DISABILITY.
DRIVER'S TRAINING MAY
ALSO BE PART OF THE PLAN.

CHOOSING THE RIGHT SETTING

YOU CAN REHAB AT:

- Inpatient Rehabilitation Facilities
- Skilled Nursing Facilities
- · Home (through Home Health Agencies)
- Outpatient Care

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

INPATIENT REHABILITATION FACILITY (IRF)¹

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 a 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

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

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.

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 a registered nurse on site for a minimum of eight hours a 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 standalone 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.⁴

CHOOSING THE RIGHT SETTING, continued

LONG TERM CARE FACILITY

- Long term care facilities 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.⁴
- Long term care facilities provide limited rehabilitative services except for those receiving care through a separate SNF wing or unit.⁴
- 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.⁴

LONG-TERM ACUTE CARE HOSPITALS

- Provide extended care to those with complex medical needs (such as those on a ventilator) due to a combination of acute and chronic conditions.⁴
- The average length of stay is 25+ days.4
- Medicare, Medicaid and most private health insurance plans cover this care, although you may have copays or coinsurance.

HOME OR OUTPATIENT

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



QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

THE PATIENT AND FAMILY BOTH NEED TO CHOOSE THE FACILITY/PROVIDER THAT WILL BEST MEET THEIR NEEDS AND GOALS. START WITH THESE QUESTIONS: What types of rehab care will my insurance cover? Do you have a stroke rehab program? If so, how many patients are in it? How do you assure high-quality care? What do you look for in terms of progress, and how often do you evaluate it? Where does rehab occur? What therapy programs are available? How do you help caregivers? What is done to help prevent falls? Do you have a program that addresses balance issues?
QUESTIONS BEFORE DISCHARGE □ What is the extent of my loved one's stroke damage? What areas of the brain have been affected? □ What is the prognosis and expected course for recovery? □ What types of services are likely to improve the outcome? □ Does this depend on the areas of the brain where the stroke caused damage? □ What is my loved one's ability to engage in various post-acute services? □ What is my/my loved one's medical/health situation and complexity, and what other medical services will be required?
QUESTIONS ABOUT POST-ACUTE SETTING(S) Is the rehab facility certified to care for people with a stroke? What is the maximum amount of rehab services my loved one can receive? How intense will it be? What medical services are available? What special clinical training do the nurses, social workers and dieticians have? How does the setting measure functional recovery, and what outcomes are typical for stroke patients?

PRACTICAL TOOLS AND EMOTIONAL SUPPORT

AMERICAN STROKE ASSOCIATION RESOURCES AVAILABLE THROUGH STROKE.ORG:

Support Network: Online community to connect patients and loved ones with others during their journey.

Stroke Connection Magazine: Helpful information and personal perspectives for survivors and family caregivers that's available quarterly in digital format.

TTES Newsletter: Monthly newsletter provides patients and caregivers information on stroke-related research and resources.

Stroke Family Warmline 1-888-478-7653: Connects stroke survivors and their families with specially trained ASA team members — some of whom are stroke family caregivers — for support, information or just a listening ear.

Stroke Support Group Finder: To find a group near you, enter your ZIP code and a mile radius.

Tips for Daily Living Library: This volunteer-powered library gathers tips and ideas from stroke survivors, caregivers and healthcare professionals all over the country. They've created adaptive and often innovative ways to get things done.

Life After Stroke on Stroke.org: The American Stroke Association website has a wealth of information for recovery and helping stroke survivors and those who care about them become independent and have a quality of life.

Let's Talk About Stroke Patient Information Sheets: Downloadable sheets in a question-and-answer format that are brief and easy to follow and read.

Caregiver Resources: The American Stroke Association has many resources for caregivers, including downloadable guides, checklists and journal pages to help you in the day-to-day efforts to support your loved one's recovery and your own health.

- Stroke Discharge Checklist
- Caregiver Guide to Stroke
- Daily Home Care Guide

PRACTICAL TOOLS AND EMOTIONAL SUPPORT, continued

RESOURCE SUMMARY:

The American Stroke Association understands your needs – from care and clarity to understanding the condition and helping with coordination of resources to compassion and companionship. We are here to help you in this journey.

CARE	To Stay On Track And Advocate For You/loved One	Self-management Tool (Coming Soon)
CLARITY	To Understand The Condition And Provide You Knowledge Online And Through Other Hcps	Stroke.org Stroke Connection Stroke Discharge Packet 1-888-4-STROKE (Stroke Warmline)
COORDINATION	To Find And Access Resources And Help You Make Decisions On The Journey – Decision Tree	Stroke Discharge Checklist Caregiver Guide To Stroke Daily Home Care Guide
COMPASSION	To Find Support	Support Group Finder
COMPANION	To Provide Emotional And Practical Support Every Step Of The Journey	Support Network

EXTERNAL RESOURCES:

- Nursing Home Compare: Before you decide, find out about the care and quality of Medicare and Medicaid-certified nursing facilities in the country.
 - medicare.gov/nursinghomecompare
- Medicare also has a website where you can find and compare the quality of Inpatient Rehabilitation Facilities.
 - https://www.medicare.gov/inpatientrehabilitationfacilitycompare/

SOURCES:

1. Guidelines for Adult Rehabilitation and Recovery, American Heart Association, 2016. // 2. Vocational Assessment and Evaluation in Stroke Rehabilitation, January 2013 https://www.researchgate.net/publication/261160813_Vocational_Assessment_and_Evaluation_in_Stroke_ Rehabilitation // 3. Understanding Stroke Survivorship Expanding the Concept of Post Stroke Disability. Lesli E. Skolarus, James F. Burke, Devin L. Brown and Vicki A. Freedman. Stroke published by the American Heart Association in 2013. http://stroke.ahajournals.org/content/strokeaha/45/1/224.full.pdf // 4. Centers for Medicare and Medicaid Services. Medicare & You Handbook. 2017. Available online at: https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf

