1- We deny medically necessary rehabilitation services on a daily basis. It is very hard to explain to patients and families why they cannot come to rehab and must go to the nursing home.
2- A fair way to help determine if a client has potential for rehab should include the functional independence measure (FIM). We should have a least a trial period to help us determine if a client can do 3 hours of therapy and whether or not they are making progress. We should not accept patients based on diagnosis. There have been cases when a pt had a total knee at age 84.5 and could not come to rehab. If they have been 85 y/o they would qualify.

3- Many of the medically complex patients would benefit from acute inpt rehab. Outcomes would improve with MORE medical supervision (daily adjustment of meds, monitoring of acute conditions etc.) These folks do not need to go to nursing home care with less intense nursing and limited physician supervision.

I've worked in rehab for 12 years. Have been a rehab tech, RN, Nurse Manager and worked in PPS. In most cases, we see people get better and go home. I see patients go to the nursing home from acute care and they are coming back to the hospital within days. This can't be saving money.

I appreciate your request for comments and hope you continue to involve the people that work in rehab to help develop policies.
thanks

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