In lieu of attending the town hall meeting sponsored by the Centers for Medicare and Medicaid Services to discuss Medicare Classification Criteria for Inpatient Rehabilitation Facilities, please consider the following stakeholder input concerning TI Internationals' first phase in helping CMS report to Congress in June 2009:

It is evident due to the decrease in admissions to inpatient rehabilitation facilities that the 60% rule is detrimental to and dramatically decreasing Medicare beneficiaries' access to needed rehabilitation services and care. The main categories of patients who are being denied access are those who have debility or generalized weakness, and those who need post joint replacement therapy. These individuals who need rehabilitation services can benefit, but the "75% Rule" arbitrarily denies them access. On one day they are eligible to be admitted to a rehab facility, and the next day the "75% Rule" prohibits admission for the same patient. The patients who need the service did not change, nor did the facility's ability to treat their diagnosis. Inpatient rehab facilities are forced to ration the care provided, not based on the clinical needs of the patients, but on the number of people who came before them.

This is not a logical nor clinically based criteria, nor is it ethically sound. Those in the field would hope that CMS would develop a rule that would include individuals with debility, weakness and joint replacements as recognized as rehabilitation candidates. There is published literature and research that shows that inpatient rehab facilities can treat debility and post joint replacement patients in a more effective and efficient manner than other levels of care. There are significant and notable differences in patient outcomes and long term costs when these individuals are treated in different settings.

Inpatient criteria should be fashioned into a practical system not based on percentages, but on diagnosis and with the additional ability to tolerate two or more intensive therapies five days a week. Adding debility, cardiac weakness and post joint replacement with the other thirteen diagnosis, would provide better healthcare for many Medicare beneficiaries. In addition, this would provide better options leading to quicker recovery and a return to daily living activities.

It is our hope as a major provider of rehabilitation services in Arkansas that the federal government's policies would reflect the realistic and effective provision of patient care to this underserved population.

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