Dear CMS Special Open Door Leadership,

I am the Director of Rehab at Idaho Elks Rehabilitation Hospital, a freestanding IRF and 15-bed SNF unit. We provide two levels of rehabilitation to the community (IRF and SNF) and have extensive experience determining which patients are better served in each unit. During the open door forum, you asked for specifics about clinical indications for sending patients to one unit or the other. I am a physical therapist and wanted to share my clinical thoughts regarding suitability of patients from a physical therapist's point of view:

IRF Level Rehab

- Patients are medically complex and require physician oversight to safely participate in rehabilitation
- Require a multidisciplinary team including rehab nurses, physician, and other therapy disciplines that must communicate frequently to provide a comprehensive plan of care that addresses patient deficits.
- Respiratory therapy is often involved on the patient’s treatment team.
- Has complex family dynamics/training needs and requires a social worker actively involved in case. Also requires frequent family conferences to communicate progress and needs at discharge.
- Requires an intense therapy program to achieve increased independence with mobility in a reasonable period of time.
- The patient has reasonable goals that will improve function and enable patient to discharge to the community.

SNF Level Care

- Would benefit from a longer, slower course of rehab. Patient will receive less therapy but have a longer length of stay. If a person is too frail to handle an intensive course of rehab, a SNF setting is appropriate because the person will have more time to meet goals.
- Patient does not require multidisciplinary services – team members do not need to meet frequently and make frequent adjustments to the plan of care.
- Discharge plan can be back to the community or other settings – long term care, Alzheimer’s unit, etc.
- Patient has reasonable goals that will improve function and quality of life.
- The patient is medically stable and does not require frequent interventions from a physician; the patient can receive physical therapy without close medical management during rehab process.

Thank you for considering this feedback,

Shelley Thomas, MPT
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