General Recovery Facility Comparison Tool

GRG: CG-GRFAC (RFC)

MCG Health
Recovery Facility Care
30th Edition

Note: An appropriate Optimal Recovery Guideline (ORG) should be identified and used whenever possible. General Recovery Guideline tools are intended to aid only in situations in which no ORG appears applicable.

Recovery Facility Levels of Care Comparison Chart

Inpatient Rehabilitation Facility (IRF)/Acute Rehabilitation

- **Inpatient rehabilitation facility** (acute rehabilitation) admission may be indicated by **ALL** of the following(1)(2)(3):
  - No acute hospital care needs
  - Preadmission screening completed, assessment examples include[A][B](1):
    - Level of function prior to the event
    - Condition that caused the need for rehabilitation
    - Expected level of improvement
    - Expected length of time to achieve level of improvement
    - Risk for clinical complications
    - Combination of treatments needed (PT, OT, SLP, or orthosis/prosthesis)
    - Anticipated discharge destination
  - Immediate preceding acute hospital stay for hip arthroplasty and **1 or more** of the following[C](3):
    - Bilateral hip arthroplasty performed
    - Body mass index (BMI) of 50 or higher

Skilled Nursing Facility (SNF) or Subacute Rehabilitation

- **Skilled nursing facility (SNF) or subacute facility** is/was needed for appropriate care of the patient because of **ALL** of the following:
  - There are no acute hospital care needs and **1 or more** of the following(20):
    - Patient requires 3-day qualifying hospital stay or applicable waiver, and care is related to hospital condition.[G]
    - Patient does not require a prequalifying stay.
  - The patient has Intense and complex care needs that make recovery facility care safer and more practical than attempting care at a lower level and **ALL** of the following(22):
    - These care needs include the multiple components of care that are delivered by skilled professionals at a recovery facility.
    - There is a plan to provide **ALL** of the following(23)(24):
      - Care plan management and evaluation to meet patient needs, achieve treatment goals, and ensure medical safety(21)
      - Observation and assessment of patient's changing condition to evaluate need for treatment modification or for additional procedures until condition stabilized
      - Education services to teach patient self-maintenance or to teach caregiver patient care(25)

- Age 85 years or older
- Patient status supports **active** participation in, and benefit from, intensive rehabilitation Skilled care that includes **ALL** of the following[D](6):
  - Intensity and complexity of nursing, medical management, and rehabilitation needs require and can be expected to benefit from an inpatient stay and interdisciplinary team approach.
  - Ability to actively participate in Intensive rehabilitation therapy program
  - Patient can reasonably be expected to demonstrate Goals for measurable improvement.
  - Requires physician supervision to assess the patient both medically and functionally[E]
  - Requires an intensive and coordinated Interdisciplinary team care approach[F]
- Therapy services needed, including **ALL** of the following(7)(8):
  - Skilled therapy services needed for **1 or more** of the following:
    - Augmentative and alternative communication device training
    - Edema-management techniques
    - Environmental and activity modification for ADL performance(9)
    - Equipment and adaptive technology use and safety
    - Fall-prevention and recovery training(10)
    - Functional activities evaluation and training
    - Gait evaluation and training(11)
    - Motor control and balance evaluation and training
    - Neurobehavioral and neurocognitive assessment and treatment strategies (eg, learning, memory, attention, problem-solving, abstract reasoning, and impulsivity)(12)
    - Orthosis or prosthesis evaluation and training
    - Pain-management techniques(13)
    - Positioning techniques and training
    - Range of motion evaluation and training

- Skilled care daily (or more frequently), including **1 or more** of the following[D](4)(5):
  - Nursing treatments needed for **1 or more** of the following(24):
    - Intravenous (IV) infusion, IV injection, or intramuscular (IM) injection(15)
    - Insulin regimen establishment in presence of unstable blood sugar readings
    - Tube feeding (ie, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes, nasogastric tubes) required because patient needs feeding to supply at least 26% of daily calories and at least 501 mL of daily fluids.[H](27)
    - Nasopharyngeal or tracheostomy suctioning
    - Suprapubic catheter sterile irrigation or replacement
    - Wound management that requires dressing changes with prescription medication or clean technique and treatment for **1 or more** of the following(15):
      - Burns
      - Foot infection or wounds with application of dressing
      - Open lesions
      - Surgical wound complications
      - Treatment with any stage III or IV pressure injury(28)
      - Treatment with 2 or more ulcers, including venous ulcers, arterial ulcers, or stage II pressure injuries
      - Widespread skin disorder treatments(28)
    - Heat treatments that require nurse observation to evaluate response(24)
    - Oxygen administration, starting or managing changes(29)
    - Patient care training and assistance for **1 or more** of the following(8):
      - Exercise program (eg, range of motion, pulmonary, cardiac)(7)
      - Safe performance of ADL (eg, dressing, communicating, eating)
      - Splint, brace, cast, prosthesis, or orthosis management
      - Urinary or bowel toileting program
      - Skilled restorative nursing program[I](21)
    - Pain management for infusion of pain medications
  - Therapy services (PT, OT, or SLP) needed for **1 or more** of the following(21):
    - Rehabilitation therapy treatments needed for **1 or more** of the following:

- Restoration of speech or swallowing with services of speech-language pathologist (SLP)(14)
- Safety awareness training related to functional mobility and ADL performance(12)
- Strength evaluation and training
- Therapeutic exercises or activities supervision to ensure patient safety and treatment effectiveness

- Multidisciplinary therapy services needed, including **2 or more** of the following(15):
  - Physical therapy (PT)
  - Occupational therapy (OT)
  - Other therapy, including **1 or more** of the following:
    - Speech-language pathology (SLP) therapy
    - Orthosis or prosthesis

- Nursing services needed, including **1 or more** of the following(6)(16):
  - Behavioral health condition monitoring(12)
  - Bowel and bladder management(17)(18)
  - Coordination of care between interdisciplinary team members
  - Infusion therapy management
  - Medical condition monitoring with evaluation of rehabilitation on clinical status
  - Musculoskeletal management(19)
  - Nutritional management
  - Respiratory management
  - Therapy skills incorporated and reinforced in nursing care
  - Time-tabling and routine establishment (eg, for ADL adaptation)
  - Pain management(13)
  - Patient and caregiver education (eg, safety, skin care, medication)
  - Wound management

- Additional services (for patient who has met primary indications) may be provided at this level of care;

- Ongoing assessment of rehabilitation needs and potential (eg, range of motion, strength, balance)
- Supervision of therapeutic exercises or activities to ensure patient safety and treatment effectiveness
- Gait evaluation and training
- Therapy modalities that require PT or OT observation to evaluate response
- Restoration of speech or swallowing with services of speech-language pathologist
- Prosthesis evaluation and training

- Maintenance therapy treatments needed for **ALL** of the following[J]:
  - Maintain the patient's current condition or prevent or slow further deterioration.
  - Supervision of therapeutic exercises or activities to ensure patient safety and treatment effectiveness

- Additional services (for patient who has met primary indications) may be provided at this level of care; examples include:

examples include[K]:

- Amputation management
- Central line, epidural, or intrathecal therapy
- Chronic condition management as indicated
- Device monitoring
- Fluid and electrolyte management
- Parenteral or enteral nutrition
- Respiratory care
- Thromboprophylaxis
- Transfusions as indicated

- Amputation management
- Behavior management
- Chemotherapy
- Chronic condition management as indicated
- Cognitive management techniques
- Daily weights
- Device monitoring
- Dialysis
- Drain management
- DVT prophylaxis
- Fall risk management
- Fluid and electrolyte management
- Glucose management
- Medication management
- Nutrition management
- Ostomy management
- Pain management
- Pressure injury risk management(30)
- Psychosocial issues identified and management initiated as needed
- Radiation therapy
- Respiratory care
- Skin and cast or immobilizer care
- Suicide risk management
- Thromboprophylaxis
- Transfusions as indicated

References

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Footnotes

[A] The Centers for Medicare and Medicaid Services (CMS) requires a preadmission screening to be conducted within 48 hours preceding the inpatient rehabilitation admission and is to be completed by a licensed or certified clinician or physician either in person or by telephone through review of the referring hospital medical records.(1) [A in Context Link 1]

[B] The Centers for Medicare and Medicaid Services (CMS) required elements of the preadmission screening include: level of function prior to the event, condition that caused the need for rehabilitation, expected level of improvement and expected length of time to achieve that level of improvement, risk for clinical complications, combinations of treatments needed (PT, OT, SLP, or orthosis), and anticipated discharge destination.(1) [B in Context Link 1]

[C] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) requires specific considerations for admission to this level of care for certain diagnoses, which are outlined in the electronic Code of Federal Regulations part 412.(1)(3) [C in Context Link 1]

[D] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) defines reasonable and necessary skilled care as a service that is "so inherently complex that it can only be safely and effectively performed by, or under the supervision of, professional or technical personnel" based on the documented assessment of the patient's individual care needs. In some cases, a service that would originally be considered unskilled may be considered skilled if the patient's underlying conditions or complications require the involvement of licensed personnel to ensure that essential nonskilled care is achieving its purpose.(4)(5) [D in Context Link 1, 2]

[E] According to the Centers for Medicare and Medicaid Services (CMS), the requirement for medical supervision means that a licensed physician who is determined by the inpatient rehabilitation facility to have specialized training and experience in inpatient rehabilitation must conduct face-to-face encounters with the patient at least 3 days per week throughout the patient's stay to assess the patient, as well as to modify the course of treatment as needed to maximize the patient's ability to benefit from rehabilitation. After the first week of physician encounters, CMS will allow a non-physician practitioner to independently conduct one of the three required visits.(2) [E in Context Link 1]

[F] According to the Centers for Medicare and Medicaid Services (CMS), the interdisciplinary care team must meet weekly throughout the patient's stay and consist of a registered nurse with specialized training or experience in rehabilitation, a social worker or case manager (or both), a licensed or certified therapist from each therapy discipline involved with the patient's care, and be led by a rehabilitation physician.(2) [F in Context Link 1]

[G] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) may require specific considerations for admission to this level of care, which may include an inpatient hospital stay for a medically necessary condition of at least 3 consecutive calendar days, excluding the day of discharge or time spent in observation. Specific considerations are outlined in the CMS document: Medicare Benefit Policy Manual, Chapter 8.(21) [G in Context Link 1]

[H] Pediatric calorie and fluid requirements may vary depending on patient age, weight, and diagnosis.(26) [H in Context Link 1]

[I] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) specifies that skilled restorative nursing services are intended to positively affect the patient's functional well-being, with the expectation that the program be rendered at least 6 days a week. When a patient's skilled status is based on a restorative program, medical evidence must be documented to justify the services. In most instances, it is expected that a skilled restorative program will be, at most, only a few weeks in duration.(21) [I in Context Link 1]

[J] **National guidelines:** According to the Centers for Medicare and Medicaid Services (CMS), a maintenance therapy program helps to maintain the patient's current condition or to prevent or slow further deterioration. CMS specifies that skilled therapy services are necessary for the performance of a safe and effective maintenance program only when (a) the particular patient's special medical complications require the skills of a qualified therapist to perform a therapy service that would otherwise be considered nonskilled, or (b) the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedure.(21) [J in Context Link 1]

[K] All additional services must not impact requirement of participation in intensive therapy program. [K in Context Link 1]

Definitions

Custodial care

- Custodial care is personal unskilled care to support the patient's care of activities of daily living (ADL), such as bathing, dressing, and eating.(1)

References

1. Mauk KL. Post-acute care. In: Larsen PD, editor. Lubkin's Chronic Illness: Impact and Intervention. 11th ed. Jones & Bartlett Learning; 2022:477-520.

Goals for measurable improvement

- Goals for measurable improvement include identification of **ALL** of the following(1)(2):
  - Nature and degree of improvement
  - Time expected for achievement
  - Functional improvement anticipated to be practical, ongoing, and sustainable

References

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 1 - Inpatient Hospital Services Covered Under Part A Rev. 10892 [Internet] Centers for Medicare and Medicaid Services. 2021 Aug Accessed at: https://www.cms.gov/manuals/. [accessed 2025 Sep 09]
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Intense and complex care needs

- Intense and complex care needs require assessment of the patient's clinical needs, ability, and tolerance for treatment, with an evaluation of logistical requirements of needed services. Care must support positive outcomes and safe transition to the next level of care.(1) Logistical requirements of needed services is the ability to coordinate and transfer the patient from various care settings. Logistical requirements may increase the complexity of the patient's care; for example, conditions requiring extensive assistance (eg, body cast, burns, being bedbound) may create an excessive physical hardship or safety concern for the patient to receive needed care on an outpatient basis. Consideration must be given to the patient's condition, what is the most effective care, and to the availability and feasibility of using more economical alternative facilities and services (eg, daily transportation by ambulance to a facility vs inpatient care).(2)

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Intensive rehabilitation therapy program

- Intensive rehabilitation therapy program that includes **1 or more** of the following[A](1)(2):
  - Therapy at least 3 hours per day for 5 days per week
  - Therapy at least 15 hours per week (in a 7 consecutive calendar day period starting from the date of admission)
  - Other intensive therapy to improve functional capacity at patient's maximum participation level without compromising safety or exceeding ability or tolerance(3)

References

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Footnotes

A. **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual states that admissions that are intended to assess if a patient would benefit and tolerate treatment in an inpatient rehabilitation facility (IRF) are no longer considered reasonable and necessary.(1)

Interdisciplinary team care

- Interdisciplinary care team meetings held weekly and discipline examples include(1)(2)(3)(4):
  - A rehabilitation physician designated by the Inpatient Rehabilitation Facility to have specialized training and experience in inpatient rehabilitation services
  - A registered nurse with specialized training or experience in rehabilitation
  - A social worker or case manager (or both)
  - A licensed or certified therapist from each discipline involved in evaluating and treating the patient

References

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 1 - Inpatient Hospital Services Covered Under Part A Rev. 10892 [Internet] Centers for Medicare and Medicaid Services. 2021 Aug Accessed at: https://www.cms.gov/manuals/. [accessed 2025 Sep 09]
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Pain management for infusion of pain medications

- **Evidence:** The use of structured protocols and guidelines are required for the use of IV pain medication infusions, such as dosage check by 2 clinicians, close nurse monitoring (eg, hourly), and management of significant side effects (eg, respiratory depression). These protocols may make providing this care more safe and practical in a skilled care setting.(1)

References

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Skilled care

- Skilled care may be direct (eg, in-person assessment and administration of treatments) or indirect (eg, coordinating care between providers, supervising care aides); examples include(1)(2)(3)(4):
  - Performed or supervised by professional or technical personnel
  - Exceed scope of Custodial care
  - Service is considered skilled as indicated by either of the following:
    - Service that is "so inherently complex that it can only be safely and effectively performed by, or under the supervision of, professional or technical personnel" based on the documented assessment of the patient's individual care needs.
    - Service that would originally be considered unskilled may be considered skilled if the patient's underlying conditions or complications require the involvement of licensed personnel to ensure that essential nonskilled care is achieving its purpose.

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Therapy modalities

- Therapy modalities include(1)(2):
  - Cryotherapy
  - Electrical stimulation
  - Hot pack, hydrocollator, infrared treatments

- Paraffin and whirlpool baths
- Thermotherapy
- Ultrasound, short-wave, and microwave therapy

References

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