Inpatient Rehabilitation Facility (IRF) Admission Recovery Facility Care GRG

GRG: GRG-IRF-RF (RFC)

MCG Health
Recovery Facility Care
30th Edition

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

Clinical Indications for Admission to Inpatient Rehabilitation Facility (Acute Rehabilitation)

- **Inpatient rehabilitation facility** (acute rehabilitation) admission may be indicated by **ALL** of the following[A](1)(2)(3):
  - No acute hospital care needs
  - Preadmission screening completed, assessment examples include[B][C](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

- Patient status supports **active** participation in, and benefit from, intensive rehabilitation Skilled care that includes **ALL** of the following[D](3)(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
    - 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

Alternative Levels of Care

- Patient may be candidate for other levels of care, including:
  - Subacute or skilled care, see:
    - Medical Admission Recovery Facility Care GRG RFC
    - Surgical Admission Recovery Facility Care GRG RFC
    - Geriatric Admission Recovery Facility Care GRG RFC
  - Home care. For admission criteria, see:
    - Medical Admission Home Care GRG HC
    - Surgical Admission Home Care GRG HC
    - Geriatric Admission Home Care GRG HC

Evaluation and Treatment

General Treatment Course

Stage	Clinical Status	Interventions
1	• **Clinical indications for admission met** • Inpatient Rehabilitation Admission Assessment complete with intensive rehabilitation needs and services identified and evaluation of current level of functioning (eg, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)) **QM** [G][H] • Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Assessment SR complete for evaluation of current level of functioning (eg, Activities of Daily Living (ADL) Scoring Tool Calculator) **QM** • Physical ability assessment (eg, FIM Score, Functional Independence Measure for children (WeeFIM®)) • Pressure injury assessment (ie, risk for new or presence of existing pressure injury). See Wounds Due to Surgery, Injury, or Pressure SR for further information. **QM** • Psychosocial status assessment. See Psychosocial Assessment SR for further information. **QM** • Social determinants of health screening. See Social Determinants of Health Screening Tool SR for further information.(23) **QM** • Hospital readmission risk factor evaluation **QM** (24)(25)	• Transition of care planning initiated with evaluation for next level of care **QM** (26) • Interdisciplinary care plan established and implemented **QM** [I](3)(27) − Provide treatments and monitoring: ◦ Amputation management ◦ Behavioral management ◦ Bowel management ◦ Bladder management ◦ Cardiac care ◦ Chronic condition management as indicated ◦ Cognitive management techniques ◦ Fall risk management **QM** ◦ Fluid and electrolyte management

		◦ Infusion (IV or subcutaneous) therapy management (eg, fluids, antibiotics, parenteral nutrition)(28) ◦ Laboratory testing or monitoring, if ordered ◦ Medication management **QM** (29) ◦ Nutrition management ◦ Pain management ◦ Pressure injury management **QM** ◦ Respiratory care ◦ Thromboprophylaxis **QM** ◦ Tracheostomy management ◦ Wound or dressing management • Education for self-care • Physical therapy (PT) evaluation • Occupational therapy (OT) evaluation • Speech-language pathology (SLP) evaluation • Neuropsychological (eg, neurocognitive and neurobehavioral) evaluation, if indicated(12) • Orthosis or prosthesis evaluation, if indicated(8) • Social work or case management evaluation(1)(3)(30)
2	• **Intensive rehabilitation therapy program established and patient actively participating[J]** • Unexpected clinical event resolved (eg, infection, DVT, pneumonia)[K] • Patient demonstrating measurable practical improvement in functional condition with evaluation of current level of functioning (eg, Activities of Daily Living (ADL) Scoring Tool Calculator) **QM**(31) • **Physical therapy (PT) progression** • **Occupational therapy (OT) progression** • **Speech-language pathology (SLP) progression** • **Other care needs stable or diminished**	• Interdisciplinary care plan continues **QM** • Ongoing assessment of clinical needs **QM** − Provide treatments and monitoring: ◦ Amputation management ◦ Behavioral management ◦ Bowel management ◦ Bladder management ◦ Cardiac care ◦ Chronic condition management as indicated ◦ Cognitive management techniques ◦ Fall risk management **QM** ◦ Fluid and electrolyte management ◦ Infusion (IV or subcutaneous) therapy management (eg, fluids, antibiotics, parenteral nutrition)(28)

		◦ Laboratory testing or monitoring, if ordered ◦ Medication management **QM** (29) ◦ Nutrition management ◦ Pain management ◦ Pressure injury management **QM** ◦ Respiratory care ◦ Thromboprophylaxis **QM** ◦ Tracheostomy management ◦ Wound or dressing management • Ongoing patient or caregiver education • Ongoing equipment (eg, DME) training • Ongoing rehabilitation therapy(3) • Ongoing neuropsychological management, if indicated • Orthosis or prosthesis training, if indicated • Transition of care planning continues with evaluation for next level of care **QM** (32)
3	• **Adequate intensive inpatient rehabilitation completed for safe transfer to next level of care, or patient's condition prevents active participation in intensive therapy program, or patient no longer demonstrating significant functional gains (eg,**  **Activities of Daily Living (ADL) Scoring Tool Calculator)** • **Bowel and bladder management training completed** • **Communication technique training completed** • **Enteral or parenteral nutrition tolerated, or oral diet** • **Equipment (eg, DME) training completed** • **Gastrointestinal status stable and manageable at lower level of care** • **Genitourinary status stable and manageable at lower level of care** • **Medical status stable and manageable at lower level of care (eg, vital signs, laboratory values)** • **Neurobehavioral and neurocognitive status manageable at lower level of care** • **Neurovascular status stable or manageable at lower level of care** • **Orthosis or prosthesis training completed or manageable at lower level of care** • **Pain controlled or manageable at lower level of care** • Patient and caregiver education completed or manageable at lower level of care • Patient transitioned to another level of care due to unexpected clinical event (eg, DVT, infection) • **Respiratory equipment and care properly demonstrated** • **Respiratory status stable and manageable at lower level of care** • **Wound(s) or dressing changes manageable at lower level of care** • **Transition plans and education understood**	• **Transition of care planning completed QM** • Safe to go home and transition to community or transition to alternative level of care (eg, skilled nursing facility, home care) **QM**

Recovery Milestones are indicated in **bold**.

Rehabilitation Treatment Plan

- **Physical therapy** treatment plan includes(33):
  - Goals of physical therapy
    - Activity tolerance and functional endurance improved
    - ADL/IADL performance, independence, and safety optimized
    - ADL/IADL restrictions, precautions, or activity guidelines understood
    - Awareness of community resources optimized
    - Chronic condition modifiable risk factor management strategies maximized(34)
    - Durable medical equipment usage optimized
    - Energy conservation techniques and proper body mechanics maximized
    - Exercise tolerance and functional endurance improved
    - Fall-risk-reduction strategies maximized
    - Functional independence and safety with mobility-related tasks maximized
    - Home rehabilitation program and recommendations understood
    - Orthosis or prosthesis management and independence maximized
    - Pain-management techniques optimized
    - Potential personality or emotional changes understood
    - Pressure injury and contracture risk prevention maximized
    - Respiratory status and breathing techniques improved
    - Risk and disability associated with disease, injury, or surgical procedure understood
    - Self-management of health, injury, surgical procedure, or disease process optimized
    - Self-reported quality of life improved
    - Strength and range of motion improved
    - Postdischarge complication risk factors minimized
  - Rehabilitation techniques and training
    - Abnormal tone or spasticity management
    - ADL training
    - Age-appropriate functional strategies and techniques in alignment with developmental progression(35)
    - Amputation recovery, including residual limb care and preparation for prosthesis(36)
    - Compression bandage or garment management
    - Contracture prevention or management(37)
    - Edema prevention or management(38)
    - Education of therapeutic program with patient and caregiver
    - Energy conservation and work simplification
    - Equipment and device use training(39)
    - Exercise program setup and progression within precautions, which may include(7)(40):
      - Aerobic exercises or endurance conditioning
      - Balance training

        - Coordination exercises
        - Range-of-motion techniques
        - Respiratory exercises and training (eg, respiratory muscle training, coughing techniques, deep breathing exercises, incentive spirometry exercises, pursed lip and diaphragmatic breathing)(41)
        - Strengthening exercises
        - Stretching exercises
    - Fall-prevention and recovery training **QM** (42)
    - Functional skills training with applicable durable medical equipment (eg, walker, transfer board)
        - Bed mobility training
        - Body weight-supported gait training (eg, robot-assisted gait training)
        - Gait training on level and uneven surfaces
        - Stair management
        - Transfer training
        - Wheelchair mobility and management(40)(43)
    - Joint-protection techniques and mobilization
    - Lifting as prescribed for diagnosis (eg, medical, surgical)
    - Manual therapy (eg, soft tissue mobilization techniques, scar management, massage)(44)
    - Neuromuscular re-education (eg, proprioception training)
    - Pain-management strategies and techniques(45)
    - Posture, positioning, and body mechanics as prescribed for diagnosis or surgical approach
    - Pressure injury prevention and management(46)
    - Safety awareness education
    - Self-management of health, injury, surgical procedure, or disease process(47)(48)
    - Sensory stimulation and integration techniques
    - Splint, brace, cast, prosthesis, or orthosis management(49)
    - Therapeutic physical modality use and training, as indicated(50)(51)
        - Cold modalities or cryotherapy with precautions related to circulatory deficiency, areas of desensitization, open wounds, or fractures
        - Functional or neuromuscular electrical stimulation
        - Mechanical traction(52)
        - Thermal modality with precautions related to circulatory deficiency, areas of desensitization, open wounds, or fractures
        - Transcutaneous electrical nerve stimulation (TENS)
        - Ultrasound therapeutic modality
        - Vasopneumatic compression
    - Vestibular rehabilitation or vertigo management(53)(54)
    - Weight-bearing as prescribed for diagnosis and/or surgical approach(49)
- Discharge recommendations, which may include:
    - Activity modifications
    - Environmental adaptation
    - Home exercise program as prescribed
    - Home modifications
- **Occupational therapy** treatment plan includes(55)(56)(57):

- Goals of occupational therapy(58)
  - Activity tolerance and functional endurance improved
  - ADL/IADL performance, independence, and safety optimized
  - ADL/IADL restrictions, precautions, or activity guidelines understood
  - Balance and body alignment for ADL/IADL improved
  - Cognitive skills for ADL/IADL improved
  - Fall-risk-reduction strategies maximized
  - Home rehabilitation program and recommendations understood
  - Pain-management techniques optimized
  - Participation arousal within environment improved
  - Potential personality or emotional changes understood
  - Proper posture for sitting, ADL, and transfers maximized
  - Upper body range of motion, strength, and functional use for ADL or IADL maximized
  - Upper extremity joint range of motion for functional tasks maximized
  - Upper extremity motor control improved
  - Visual and visual perception function for safe participation in functional tasks optimized
  - Postdischarge complication risk factors minimized.
- Rehabilitation techniques and training(59)
  - Abnormal tone or spasticity management
  - ADL or IADL training
  - Age-appropriate functional strategies and techniques in alignment with developmental progression
  - Behavior-management strategies and techniques (eg, cognitive behavioral therapy, cognitive rehabilitation techniques)(60)
  - Compensatory strategies for completion of ADL/IADL
    - Cognition impairment management(61)
    - Energy conservation
    - One-handed techniques
    - Perceptual deficits management
    - Sensory impairment management
    - Visual impairment management
    - Work simplification
  - Compression bandage or garment management
  - Contracture prevention or management(37)
  - Edema prevention or management(62)
  - Education of therapeutic program with patient and caregiver
  - Environmental and activity modification for ADL/IADL performance
  - Equipment and device use training
  - Exercise program setup and progression within precautions, which may include:
    - Balance training
    - Coordination exercises
    - Range-of-motion techniques
    - Strengthening exercises
    - Stretching exercises

- Fall-prevention and recovery training **QM** (42)
- Functional skills training with applicable durable medical equipment (eg, shower chair, commode)(63)
  - Bed mobility training
  - Transfer training
  - Wheelchair mobility and management(43)
- Joint-protection techniques and mobilization
- Lifting as prescribed for diagnosis (eg, medical, surgical)
- Manual therapy (eg, soft tissue mobilization techniques, scar management, massage)(44)
- Neuromuscular re-education (eg, proprioception training)
- Pain-management strategies and techniques
- Posture, positioning, and body mechanics as prescribed for diagnosis or surgical approach
- Safety awareness education
- Sensory stimulation and integration techniques
- Splint, brace, cast, prosthesis, or orthosis management(64)
- Stress-management techniques(65)
- Therapeutic physical modality (eg, heat or ice packs) use and training, as indicated(66)

Discharge recommendations, which may include(67):

- Activity modifications
- Environmental adaptation
- Home exercise program
- Home modifications
- Pre-driver assessment and automobile modification
- Vocational rehabilitation(65)

- **Speech-language pathology** treatment plan includes(68):

Aphasia management(69)(70)(71)

- Goals of speech-language pathology therapy
  - Auditory comprehension for simple to complex language (eg, yes/no questions to open-ended questions) improved
  - Compensatory communication techniques to include use of gestures and environmental controls improved
  - Linguistic memory without delay improved for word recall, sentences, and lists
  - Word-finding improved
  - Written language comprehension, expression, and use improved
- Rehabilitation techniques and training(72)
  - Compensatory communication training
  - Computer-based communication training program
  - Education of therapeutic program with patient and caregiver
  - Expressive language facilitation techniques
  - Receptive language facilitation techniques

Apraxia of speech management(71)(73)(74)

- Goals of speech-language pathology therapy
  - Compensatory communication techniques to include use of gestures and environmental controls improved
  - Motor speech accuracy for speech sound production improved
  - Rhythm, rate, and intonation of connected speech improved

- Speech intelligibility and clarity in connected/conversational speech improved
- Rehabilitation techniques and training(72)
  - Compensatory communication training
  - Education of therapeutic program with patient and caregiver
  - Repetitive articulation exercises for improved motor speech accuracy
  - Speech production activities targeting initiation, fluency, and effort level of speech

− Augmentative and alternative communication (AAC) management(71)(74)(75)(76)(77)

- Goals of speech-language pathology therapy
  - AAC supports or devices used
  - Compensatory communication techniques to include use of gestures and environmental controls improved
- Rehabilitation techniques and training(72)
  - Compensatory communication training
  - Education of therapeutic program with patient and caregiver
  - High-technology communication device use (eg, speech synthesizers, computer-based systems, FM systems)(78)
  - Low-technology communication device use (eg, picture boards, word boards, alphabet boards, dry erase boards)
- Equipment, supplies, or supportive device training; examples include:
  - AAC device (eg, word or picture boards, computer-based system)

− Cognitive-communicative deficit management(71)(79)

- Goals of speech-language pathology therapy
  - Attention and awareness improved
  - Cognitive-communication function improved
  - Compensatory communication techniques to include use of gestures and environmental controls improved
  - Memory, organization, initiation, reasoning, problem-solving, and executive function improved
  - Social language skills improved
- Rehabilitation techniques and training(72)
  - Attention training (eg, sustained attention, focused attention, divided attention)
  - Communication effectiveness training
  - Compensatory communication training
  - Education of therapeutic program with patient and caregiver
  - Immediate, short-term, and long-term memory training
  - Organization, initiation, reasoning, problem-solving, and executive function training
  - Orientation training (eg, person, place, time, event, situation)
  - Pragmatic/social language training (eg, eye contact, turn taking, topic maintenance, affect, body language)
  - Verbal integration training (eg, understand and use abstract language, cause-effect, if-then situations, and compare-contrast ideas)
- Equipment, supplies, or supportive device training; examples include(80):
  - Memory and organization support systems for daily use (eg, computer or smartphone for calendar, planner, and reminders; signs within home; use of calendar or datebook; direct access to emergency phone numbers)

− Dysarthria management(71)(74)(81)(82)

- Goals of speech-language pathology therapy
  - Compensatory communication techniques to include use of gestures and environmental controls improved
  - Motor speech accuracy for speech sound production improved
  - Voice quality, pitch, loudness, resonance, or prosody (rhythm and cadence) improved

- Speech intelligibility and clarity in connected/conversational speech improved
- Rehabilitation techniques and training(72)
  - Compensatory communication training
  - Education of therapeutic program with patient and caregiver
  - Modification and training of rhythm, rate, and intonation of speech
  - Motor speech accuracy training targeting distortions, substitutions, omissions, and other errors
  - Oral motor exercises for increased strength, accuracy, and speed of articulation
  - Relaxation exercises and stretching to reduce spasticity or rigidity of musculature
  - Respiratory support training for speech production
- Equipment, supplies, or supportive device training; examples include(80):
  - Memory and organization support systems for daily use (eg, computer or smartphone for calendar, planner, and reminders; signs within home; use of calendar or datebook; direct access to emergency phone numbers)
  - Oral prosthesis fitting use and care(83)(84)

− Dysphagia management[L](71)(74)(80)(86)(87)

- Goals of speech-language pathology therapy
  - Diet advanced from non-oral to oral intake
  - Education and training on dietary modifications and restrictions provided
  - Education on aspiration signs, symptoms, and prevention provided
  - Effective swallowing strategies, techniques, or maneuvers safely used
  - Oral, pharyngeal, and laryngeal coordination for airway protection during swallowing improved(88)
  - Oral, pharyngeal, and laryngeal motor strength, range of motion, and endurance for secretion and bolus management improved(88)
  - Recommended diet and liquids safely tolerated, reducing or eliminating risk of aspiration
  - Respiratory support and glottal closure for swallowing improved
- Rehabilitation techniques and training(85)(89)
  - Airway protection techniques
  - Aspiration pneumonia or recurrent pneumonia management and prevention
  - Aspiration precaution training
  - Bolus management and control training
  - Compensatory swallowing maneuver training, as indicated
  - Compensatory swallowing strategy training
  - Education of therapeutic program with patient and caregiver
  - Neuromuscular electrical stimulation
  - Optimal diet consistency identification and preparation training to minimize risk of choking and aspiration(90)(91)
  - Oral pharyngeal exercises
  - Saliva management and control techniques
  - Sensory stimulation
  - Trial oral feedings for diet advancement(91)
- Equipment, supplies, or supportive device training; examples include(80)(92)(93):
  - Adaptive feeding equipment use (eg, different size or shaped spoon, nose cut-out cup)
  - Liquid thickeners
  - Positioning devices during oral intake (eg, chair, wedges, pillows)
  - Removable dentures, obturators, or other oral device/appliance management(84)(89)

- Voice disorder management[M](71)(73)(75)(94)(95)
  - Goals of speech-language pathology therapy
    - Compensatory communication techniques to include use of gestures and environmental controls improved
    - Respiration and speech coordination improved
    - Ventilator-assisted or tracheostomy vocalization techniques used(96)(97)
    - Voice quality, pitch, loudness, resonance, or prosody (rhythm and cadence) improved
  - Rehabilitation techniques and training(72)
    - Compensatory communication and optimal voice usage training (eg, phone calls, interaction with caregivers, communication when there is background noise)
    - Education of therapeutic program with patient and caregiver
    - Oral, pharyngeal, and laryngeal exercises
    - Respiratory support training
    - Use of ventilator-assisted or tracheostomy vocalization techniques(96)(97)
    - Vocal behavior modification (eg, intensity, pitch, resonance, rate)
  - Equipment, supplies, or supportive device training; examples include:
    - Digitized or synthesized speech(77)
    - Speaking valve or cap for tracheostomy or ventilator(96)(97)
    - Voice amplification device(78)
- Discharge recommendations, which may include(98):
  - Activity modifications(77)
  - Environmental adaptation
  - Home exercise program
  - Home modifications

Patient Education

- Patient education for inpatient rehabilitation may include:
  - Medication
    - Special instructions based on underlying condition (eg, antibiotics, anticoagulants)
  - Nutrition
    - Address nutritional needs specific to condition
    - Nutritional food label reading information includes(99)(100):
      - Percent of daily values is usually based on a 2000-calorie (8374-kJ) diet.
      - Nutrition information is listed per serving, not per total contents of package.
        - Packages may contain more than 1 serving.
        - Two servings double the amount of nutrients, including calories, fat, and sodium.
        - Size of serving varies from product to product.
      - Form of food has impact on nutrition (eg, increased sugar content of orange juice vs one orange).
    - Wound healing diet recommendations include(100)(101):
      - Eat 25 to 45 kcal/kg (105 to 188 kJ/kg) per day, adjusted based on wound severity, nutritional status, and catabolic stress.
      - Consume sufficient amount of Protein to promote healing (generally 1.0 to 1.5 grams of protein/kg body weight per day).
      - Eat foods rich in Vitamin A, Vitamin B-complex, Vitamin C, and Zinc.
      - Add supplements of vitamin A, B-complex, vitamin C, and zinc to improve tissue healing if diet inadequate.

- Activity level
  - Base exercise counseling on patient's functional abilities, treatments, or underlying condition.
  - Educate patient on restrictions related to health condition.
  - Return to driving or regular activity after medical clearance.
- Self-management
  - Condition management(102)
    - Determine knowledge base, pertinent factors in providing education, and develop plan of care that is realistic for patient's abilities, desires, and resources.
    - Condition education includes(103)(104):
      - Specific information about condition (eg, diagnosis, procedure)
      - Anatomy and functional impact
      - Signs and symptoms of complications
      - Whom and how to contact for questions or if complications occur
      - Health promotion or self-management activities
  - Bladder and bowel management
    - Address urinary incontinence, if appropriate.
    - Assess need for bowel or bladder program.
    - Provide care and education for ostomies or catheters, if present.
  - Cardiac/circulatory system management
    - Blood pressure monitoring, as needed
    - Cardiac status assessment, as needed
    - Lymphedema education and management, as needed
  - Central nervous system management
    - Delirium monitoring and management, as needed
  - Device management
    - Monitor and provide education on use and care (eg, drain, t-tube)
  - Gastrointestinal management
    - Gastrointestinal status assessment, as needed
    - Address diarrhea or constipation.
  - Hygiene management
  - Immunosuppression management
  - Infusion management
  - Musculoskeletal management
    - Provide care and education for immobilizers, orthoses, or prostheses, as needed.
    - Provide education on hip precautions, as needed.
    - Provide care and education on contracture prevention.
    - Provide caregiver education on ADL support.
  - Neuromuscular management
    - Monitor for autonomic dysreflexia, as appropriate.
  - Pain management
  - Prevention strategies
    - DVT prevention

- Compression stocking use and care
- Fall prevention
- Infection prevention

- Respiratory management
  - Monitor and provide education on use of needed respiratory equipment (eg, spirometer, inhaler).
  - Smoking cessation information includes(105)(106):
    - Benefits of quitting
    - Counseling and plan development; considerations include[N](108):
      - Willingness to quit and encouraging caregivers to quit
      - Education and formal cessation programs
      - Behavior modification
      - Medication or nicotine replacement, as appropriate(109)
      - Stress management
      - Exercise program
      - Identification of support group
      - Relapse prevention
- Safety management
  - Provide education on visual impairment management.
  - Provide education on hazard avoidance (eg, emergency plan, smoke detectors, temperature detectors).
- Skin integrity management
- Weight management
- Vital sign management
- Wound and dressing management

- Provide education on complications to report to provider based on treatments or underlying condition.

- Rehabilitation
  - Rehabilitation techniques and training(110)

- Treatment and follow-up care
  - Importance of(111)(112):
    - Keeping all follow-up appointments
    - Adherence to self-management plan and consequences of nonadherence
    - Seeking help for potential barriers that may prevent adherence to prescribed treatment plan
    - Keeping providers informed of changes in physical condition
    - Coordinate or facilitate communication regarding care plan with all appropriate care providers.
  - Follow-up care may include:
    - Age-appropriate cancer screenings (eg, cervix, breast, colon, prostate, and skin)
    - Assistive technology centers
    - Case management(6)
    - Genetic counseling
    - Outpatient therapy (eg, radiation, infusion, chemotherapy)
    - Pain management
    - Patient-centered medical home (PCMH)(113)
    - Social services

- Vocational training

- Other learning needs
  - Emergency planning, as indicated
  - Recovery expectations
  - Psychosocial management
- Resources
  - Internet sources include:
    - Assistance programs to help finance prescription drug costs such as www.needymeds.org, https://medicineassistancetool.org, www.medicare.gov/drug-coverage-part-d, or individual pharmaceutical company websites
    - MedlinePlus, a service of the U.S. National Library of Medicine and National Institutes of Health: www.medlineplus.gov
    - Smokefree. National Institutes of Health: www.smokefree.gov
    - Resources to improve maternal-child health such as www.acf.hhs.gov or www.mchb.hrsa.gov
  - Related guidelines include:
    - Antibiotic Management SR
    - Behavioral Health Management SR
    - Bladder Management SR
    - Blood Sugar Management SR
    - Caregiver Support SR
    - Constipation Management SR
    - Dysphagia Management SR
    - Enteral Nutrition Management SR
    - General Nutrition SR
    - Hygiene Management SR
    - Infection Prevention Strategies SR
    - Intravenous (IV) Infusion Management SR
    - Lifestyle Change Management SR
    - Medication Management SR
    - Ostomy Management SR
    - Oxygen Management SR
    - Parenteral Nutrition Management SR
    - Pregnancy Care SR
    - Pressure Injury Prevention and Management SR
    - Psychosocial Management, Pediatric SR
    - Quality-of-Life Management SR
    - Safety, Preventive, and Routine Care SR

- Seizure Management SR.
- Transition Planning SR
- Urinary Catheter Management SR

Discharge Planning

- Transition of care planning may include(8):
  - Assessment and early establishment of anticipated discharge destination and plans for care, including(114):
    - Treatment plan development involving multiple providers
    - Premorbid functioning
    - Patient and caregiver preferences and abilities
    - Evaluation for skilled services at next level of care as appropriate for patient's continued needs
    - Psychosocial status. See Psychosocial Assessment SR for further information. **QM**(115)
    - Social determinants of health screening. See Social Determinants of Health Screening Tool SR for further information. **QM**(23)
    - Acceptance for care for patient at next level of care, as appropriate.
  - Transition of care plan complete, which may include:
    - Patient and caregiver education complete. See Teach-Back Tool SR for further information.
    - Medication reconciliation completion includes **QM** (116)(117):
      - Compare patient's discharge list of medications (prescribed and over-the-counter) against provider's admission or transfer orders.
      - Assess each medication for correlation to disease state or medical condition.
      - Report medication discrepancies to prescribing provider, attending physician, and primary care provider, and ensure accurate medication order is identified.
      - Provide reconciled medication list to all treating providers.
      - Confirm that patient or caregiver can acquire medication.
      - Educate patient and caregiver.
        - Provide complete medication list to patient and caregiver.
        - Importance of presenting personal medication list to all providers at each care transition, including all provider appointments
        - Reason, dosage, and timing of medication (eg, use "teach-back" techniques)(118)(119)
      - Encourage communication between patient, caregiver, and pharmacy for obtaining prescriptions, setting up home medication delivery, and reviewing for drug-drug interactions.
      - See Medication Reconciliation Tool SR for further information.
    - Appointments planned or scheduled:
      - Primary care provider
      - Specialists, as needed
      - Surgeon
      - Other
    - Referrals made for assistance and support, which may include:
      - Alcohol and other drug abuse or dependence treatment, as needed **QM**
      - Behavioral health support (eg, counseling)
      - Community services(120)(121)

- Educational program (eg, chronic condition management, self-management)(118)
- End-stage disease planning
- Financial, for follow-up care, medication, and transportation
- Home architectural modifications
- Home healthcare(122)(123)
- Local electric or power company regarding need for life support if ventilator needed at home
- Protective services or legal authorities, if indicated
- Self-help or support groups
- Social services (eg, social programs, advance directives)
- Tobacco use treatment, as needed **QM** (105)(124)
- Vocational rehabilitation(65)
- Other

− Medical equipment and supplies coordinated (ie, delivered or delivery confirmed), as indicated(125):

- ADL supportive equipment
- Bowel care equipment and supplies
- Cardiac care equipment and supplies (eg, compression stockings)
- Dialysis equipment and supplies(126)
- Drain care supplies
- Glucose monitoring supplies (eg, lancets, wipes, glucometer, test strips)
- Medication equipment and supplies
- Nutritional care equipment and supplies
- Orthopedic equipment
- Respiratory equipment and supplies
- Urinary care equipment and supplies
- Wound care equipment and supplies
- Other

- Transition plan communicated to all members of patient's care team **QM**

Quality Measures

- HEDIS® Measures include(26):
  - Medication reconciliation is completed.
  - Transition of care needs are assessed and addressed.
  - Psychosocial status (eg, depression screening) is assessed and addressed.
  - Fall risk is assessed and addressed.
  - Tobacco use is assessed and addressed.
  - Immunization status is assessed and addressed.
  - Readmission risk is assessed and addressed.
  - Alcohol and substance misuse is assessed and addressed.
  - Social needs screening and intervention is completed.
- Inpatient Rehabilitation Facility Compare Quality Measures include(127):
  - Pressure injury risk is assessed and addressed.
  - ADL status is assessed for improvement.

- Fall risk is assessed and addressed.
- Transfer of health information to provider and patient is completed.
- Healthcare-associated infection risk is reduced
- Medication reconciliation is completed.
- Discharge to the community is completed.
- Readmission risk is assessed and addressed.

- Inpatient Rehabilitation Facility Quality Reporting Program measures include(127):
  - Pressure injury risk is assessed and addressed.
  - ADL status is assessed for improvement.
  - Fall risk is assessed and addressed.
  - Transfer of health information to provider and patient is completed.
  - Readmission risk is assessed and addressed.
  - Medication reconciliation is completed.
  - Immunization status is assessed and addressed.
  - Discharge to the community is completed.

Evidence Summary

Criteria

The evidence for the clinical indications found in this guideline includes 1 published peer reviewed article and 13 book sections.

Rationale

Inpatient rehabilitation facilities are designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital environment. Use of this MCG care guideline helps in the decision to appropriately admit a patient to an acute inpatient rehabilitation facility and assess progress through an interdisciplinary plan of care that incorporates interventions for skilled nursing (eg, wound care, pain management, infusion medication) and rehabilitation therapy (eg, physical, occupational, speech-language) in alignment with CMS requirements.

Use of these evidence-based clinical criteria benefits patients by assisting in the identification of patients who, due to the complexity of their nursing, medical management, and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to the delivery of rehabilitation care. This evidence-based guidance ensures that Medicare and Medicare Advantage patients receive full access to Medicare benefits without risk of delay or decreased access. Additional evidence-based guidance benefits patients by outlining complicated factors (eg, pain exacerbations, infection, comorbid disease exacerbation) that could extend the need for a rehabilitation facility stay. Criteria for transitioning a patient to the next appropriate level of care (eg, acute care, skilled nursing facility, home care) are also provided to assist providers and patients in identifying next steps for the patient's care. This support can increase consistency in treatment thresholds, leading to less variation in care and promoting equitable treatment among patients.

Related CMS Coverage Guidance

This guideline supplements but does not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Code of Federal Regulations (CFR): 42 CFR 410.38(125); 42 CFR 412.29(2); 42 CFR 412.606(21); 42 CFR 412.610(22); 42 CFR Pt. 412.622(1)

Internet-Only Manual (IOM) Citations: CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A(3); CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6 - Medical Review of Inpatient Hospital Claims for Part A(128)

Medicare Coverage Determinations: Medicare Coverage Database(129)

Other CMS Guidance: Centers for Medicare and Medicaid Services, "Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) and IRF-PAI Manual" Version 4.2(20)

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Footnotes

[A] **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)(2) [A in Context Link 1]

[B] 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) [B in Context Link 1]

[C] 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) [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]

[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.(3) [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.(3) [F in Context Link 1]

[G] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) uses a data collection system to establish best practice, understand costs, and identify cost-effective systems and procedures. The current data collection system for eligible patients is the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). IRF-PAI is an assessment tool used to identify patient problems, strengths, and preferences, and to create an individualized care plan.(20) [G in Context Link 1]

[H] **National guidelines:** Starting October 1, 2024, the Centers for Medicare and Medicaid Services (CMS) requires inpatient rehabilitation facilities to use the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) to assess all inpatients, regardless of payer. The admission IRF-PAI should cover calendar days 1 through 3 of the patient's current admission; the patient assessment schedule is further detailed in the electronic Code of Federal Regulations part 412.610.(21)(22) [H in Context Link 1]

[I] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) requires that an individualized overall plan of care for the patient is developed by a rehabilitation physician with input from the interdisciplinary team within 4 days of the patient's admission.(1) [I in Context Link 1]

[J] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) states that therapy treatments should begin within 36 hours of admission.(1)(3) [J in Context Link 1]

[K] **National guidelines:** The Centers for Medicare and Medicaid Services (CMS) recommends that if an unexpected clinical event occurs that limits a patient's ability to participate in an intensive therapy program for a brief period, not to exceed 3 days, the specific reasons for the break should be documented in the patient's medical record.(3) [K in Context Link 1]

[L] Additional instrumental assessment may be requested to evaluate swallowing physiology and assess safety and effectiveness of diet, strategies, and maneuvers prior to and during a course of therapy. Instrumental assessments may include the videofluoroscopic swallow study (also known as the modified barium swallow study) and the fiberoptic endoscopic evaluation of swallowing (FEES).(71)(85)(86) [L in Context Link 1]

[M] Voice therapy, exercise, or practice activities should not be initiated until the larynx has been visualized by an otolaryngologist to identify pathology and assess the function and structure of the vocal mechanism.(72)(94) [M in Context Link 1]

[N] **Specialty society:** The American College of Cardiology (ACC) supports combining pharmacotherapy with behavioral/psychosocial interventions to help smokers sustain abstinence.(107) [N 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

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FIM Score

- The Functional Independence Measure (FIM®) is an instrument that classifies a patient's ability to carry out activities and the need for assistance from a person or device. It is a 7-level scale measurement of gradations in behavior (from dependence to independence) that can be used to monitor patient progress throughout

rehabilitation and help with care plan development and defining discharge needs.(1)

References

1. Carter WE III, Peretiatko S. Quality and outcome measures for medical rehabilitation. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:55-62.

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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Green leafy vegetables

- Green leafy vegetables include broccoli, cabbage, spinach, and greens (turnip or mustard).(1)

References

1. Dietary Guidelines for Americans, 2020-2025. 9th ed [Internet] U.S. Department of Agriculture and U.S. Department of Health and Human Services. 2020 Dec Accessed at: https://www.dietaryguidelines.gov/. [accessed 2025 Sep 17]

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

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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3. Pryor J, O'Reilly K, Bonser M, Garret G, McKenchnie D. Rehabilitation for the individual and family. In: Chang E, Johnson A, editors. Living With Chronic Illness and Disability. 4th ed. Chatswood NSW 2067: Elsevier; 2022:161-182.

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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Occupational therapy (OT) progression

- OT progression includes **ALL** of the following(1)(2):
  - Ongoing evaluation of treatment plan with measurable short-term and long-term goals
  - Documentation of effectiveness and efficiency toward achieving established goals
  - Patient demonstrates resolving of barriers to transition of care and **1 or more** of the following:
    - Objective measurements document progress toward goals in reasonable and predictable time frame based on treatment plan.[A](4)
    - Minimal progress due to unexpected clinical event, but progress expected to resume toward goals within 3 days as condition improves(5)

References

1. Bennett K. Setting rehabilitation goals. In: O'Hanlon S, Smith M, editors. Comprehensive Guide to Rehabilitation of the Older Patient. 4th ed. Elsevier; 2021:49-52.
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3. Carter WE III, Peretiatko S. Quality and outcome measures for medical rehabilitation. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:55-62.
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5. 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]

Footnotes

A. Improvements may be measured by accuracy (percentage or number of correct trials), increased number of repetitions, decreased assistance level (maximum, moderate, or minimal assistance), decreased pain level, increased ROM/strength, increased balance scores, decreased level of cues or prompts required (in conjunction with level of assistance), or improvement in standardized functional outcome measures (eg, Continuity Assessment Record and Evaluation (CARE), WeeFIM®, Tinetti, Berg Balance Scale).(3)(4) Generally, it is expected that measured improvements should be demonstrable in targeted areas over a 1-week to 2-week period of skilled therapy. The speed of recovery is variable and may be linked to intensity of treatment, patient condition, age, comorbidities, and other factors.

Physical therapy (PT) progression

- PT progression includes **ALL** of the following(1)(2)(3)(4):
  - Ongoing evaluation of treatment plan with measurable short-term and long-term goals
  - Documentation of effectiveness and efficiency toward achieving established goals
  - Patient demonstrates resolving of barriers to transition of care and **1 or more** of the following:
    - Objective measurements document progress toward goals in reasonable and predictable time frame based on treatment plan.[A]
    - Minimal progress due to unexpected clinical event, but progress expected to resume toward goals within 3 days as condition improves

References

1. Centers for Medicare and Medicaid Services. "Skilled services requirements." 42 CFR Pt. 409.44 Washington, DC 2023 Oct 02 [accessed 2025 Jul 23] Accessed at: https://www.ecfr.gov/.
2. 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]
3. Hussein N. Acute medical conditions. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:253-264.
4. Carter WE III, Peretiatko S. Quality and outcome measures for medical rehabilitation. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:55-62.
5. Scalzitti DA. Examination of function. In: Fulk G, Chui K, editors. O'Sullivan & Schmitz's Physical Rehabilitation. 8th ed. USA: F.A. Davis Company; 2024:270-291.

Footnotes

A. Improvements may be measured by accuracy (percentage or number of correct trials), increased number of repetitions, decreased assistance level (maximum, moderate, or minimal assistance), decreased pain level, increased ROM/strength, increased balance scores, decreased level of cues or prompts required (in conjunction with level of assistance), or improvement in standardized functional outcome measures (eg, Continuity Assessment Record and Evaluation (CARE), WeeFIM®, Tinetti, Berg Balance Scale). Generally, it is expected that measured improvements should be demonstrable in targeted areas over a 1-week to 2-week period of skilled therapy. The speed of recovery is variable and may be linked to intensity of treatment, patient condition, age, comorbidities, and other factors.(4)(5)

Protein

- Protein can be found in fish, poultry, meat, peanut butter, beans, nuts, tofu, cottage cheese, eggs, and yogurt.(1)(2)

References

1. Dietary Guidelines for Americans, 2020-2025. 9th ed [Internet] U.S. Department of Agriculture and U.S. Department of Health and Human Services. 2020 Dec Accessed at: https://www.dietaryguidelines.gov/. [accessed 2025 Sep 17]
2. Basic nutrition principles, nutrients, and dietary supplements: appendix A. In: Escott-Stump S, editor. Nutrition and Diagnosis-Related Care. 9th ed. Wolters Kluwer; 2022:1190-1232.

Safe to go home

- Patient safe to go home if **ALL** of the following exist(1)(2)(3):
  - Medical condition manageable at home
  - Functional status manageable at home
  - Mental status stable for patient's condition
  - Medication availability confirmed and reconciliation complete
  - Patient/caregiver education complete and written discharge instructions provided
  - Caregiver and community resources identified (as needed)
  - Community resources identified and referrals made, as needed
  - Home care arranged, if indicated
  - Necessary medical equipment delivery arranged or available in home, if indicated
  - Necessary medical supplies ordered, or patient/caregiver can obtain, if indicated

References

1. Elements of Excellence in Transitions of Care (TOC). TOC Checklist [Internet] National Transitions of Care Coalition. 2006 Accessed at: https://www.ntocc.org. [accessed 2025 Sep 16]
2. Medical-surgical nursing. In: Hinkle JL, Cheever KH, Overbaugh KJ, editors. Brunner & Suddarth's Textbook of Medical-Surgical Nursing. 15th ed. Wolters Kluwer; 2022:33-55.
3. Admitting, transfer, and discharge. In: Perry AG, Potter PA, Ostendorf WR, Laplante N, editors. Clinical Nursing Skills and Techniques. 11th ed. Elsevier; 2025:40-51.

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.

References

1. Centers for Medicare and Medicaid Services. "Criteria for skilled services and the need for skilled service." 42 CFR Pt. 409.32 Washington, DC 2023 Oct 02 [accessed 2025 Jul 22] Accessed at: https://www.ecfr.gov/.
2. Harding MM. Professional nursing. In: Harding MM, Kwong J, Hagler D, Reinisch C, editors. Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems. 12th ed. St. Louis, MO: Mosby; 2023:1-18.
3. Medical-surgical nursing. In: Hinkle JL, Cheever KH, Overbaugh KJ, editors. Brunner & Suddarth's Textbook of Medical-Surgical Nursing. 15th ed. Wolters Kluwer; 2022:33-55.
4. Centers for Medicare and Medicaid Services. Medicare Program Integrity Manual. Chapter 6 - Medical Review of Inpatient Hospital Claims for Part A Payment Rev. 10365 [Internet] Centers for Medicare and Medicaid Services. 2020 Oct 02 Accessed at: https://www.cms.gov/medicare/regulations-guidance/manuals/internet-only-manuals-ioms. [accessed 2025 Sep 09]

Speech-language pathology (SLP) progression

- SLP progression includes **ALL** of the following(1)(2)(3)(4)(5):
  - Ongoing evaluation of treatment plan with measurable short-term and long-term goals
  - Documentation of effectiveness and efficiency toward achieving established goals
  - Patient demonstrates resolving of barriers to transition of care and **1 or more** of the following:
    - Objective measurements document progress toward goals in reasonable and predictable time frame based on treatment plan.[A](6)
    - Minimal progress due to unexpected clinical event, but progress expected to resume toward goals within 3 days as condition improves

References

1. Pryor J, O'Reilly K, Bonser M, Garret G, McKenchnie D. Rehabilitation for the individual and family. In: Chang E, Johnson A, editors. Living With Chronic Illness and Disability. 4th ed. Chatswood NSW 2067: Elsevier; 2022:161-182.
2. The essential ingredients of good therapy: basic skills. In: Roth FP, Worthington CK, editors. Treatment Resource Manual for Speech-Language Pathology. 7th ed. San Diego, CA: Plural Publishing, Inc; 2025:16-38.
3. Shyu SG, Liang HW. The physiatric history and physical examination. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:3-16.
4. 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]
5. Centers for Medicare and Medicaid Services. "Skilled services requirements." 42 CFR Pt. 409.44 Washington, DC 2023 Oct 02 [accessed 2025 Jul 23] Accessed at: https://www.ecfr.gov/.
6. Carter WE III, Peretiatko S. Quality and outcome measures for medical rehabilitation. In: Cifu DX, Lew HL, editors. Braddom's Rehabilitation Care: A Clinical Handbook. 2nd ed. Elsevier; 2025:55-62.
7. National Outcomes Measurement System (NOMS). [Internet] American Speech-Language-Hearing Association. Accessed at: https://www.asha.org/noms/. Updated 2025 [accessed 2025 Feb 11]

Footnotes

A. Improvements may be measured by accuracy (percentage or number of correct trials), increased number of repetitions, decreased assistance level (maximum, moderate, or minimal assistance), decreased pain level, decreased level of cues or prompts required (in conjunction with level of assistance), or improvement in standardized functional outcome measures (eg, Continuity Assessment Record and Evaluation (CARE), WeeFIM®, National Outcomes Measurement System

(NOMS)). Generally, it is expected that measured improvements should be demonstrable in targeted areas over a 1-week to 2-week period of skilled therapy. The speed of recovery is variable and may be linked to intensity of treatment, patient condition, age, comorbidities, and other factors.(2)(6)(7)

Transition of care planning completed

- Transition of care planning completed; including **ALL** of the following(1)(2):
  - Transition plan communicated to all members of patient's healthcare team
  - Summary of inpatient rehabilitation facility admission, current list of medications, and discharge plan communicated to primary care provider at next level of care
  - Medication reconciliation complete
  - Education on condition management and complications to report provided to patient or caregiver
  - Follow-up appointments scheduled
  - Referrals to continue rehabilitation goals (eg, outpatient or home therapy) arranged, if needed
  - Services (eg, equipment, environment modifications, transportation) required for transition to next level of care arranged, if needed
  - Psychosocial issues addressed, or plan for management at next level of care arranged, if needed

References

1. Transition of care. In: Gillingham DC, editor. Foundations of Case Management. Blue Bayou Press; 2021:137-144.
2. Admitting, transfer, and discharge. In: Perry AG, Potter PA, Ostendorf WR, Laplante N, editors. Clinical Nursing Skills and Techniques. 11th ed. Elsevier; 2025:40-51.

Vitamin A

- Vitamin A can be found in beef, organ meats (eg, liver, giblets), Green leafy vegetables, carrots, sweet potatoes, and dairy products.(1)(2)

References

1. Vitamins. In: Grodner M, Escott-Stump S, Dorner S, editors. Nutritional Foundations and Clinical Applications. 8th ed. Elsevier; 2023:104-125.
2. Basic nutrition principles, nutrients, and dietary supplements: appendix A. In: Escott-Stump S, editor. Nutrition and Diagnosis-Related Care. 9th ed. Wolters Kluwer; 2022:1190-1232.

Vitamin B-complex

- Vitamin B-complex can be found in legumes, whole grains, chicken, pork, fish, potatoes, and bananas.(1)

References

1. Basic nutrition principles, nutrients, and dietary supplements: appendix A. In: Escott-Stump S, editor. Nutrition and Diagnosis-Related Care. 9th ed. Wolters Kluwer; 2022:1190-1232.

Vitamin C

- Vitamin C can be found in citrus fruits and juices, berries, tomatoes, baked potatoes, and Green leafy vegetables.(1)(2)

References

1. Nutritional facts on vitamin C. In: Raymond JL, Morrow K, editors. Krause and Mahan's Food and the Nutrition Care Process. 16th ed. Elsevier; 2023:1176-1177.
2. Basic nutrition principles, nutrients, and dietary supplements: appendix A. In: Escott-Stump S, editor. Nutrition and Diagnosis-Related Care. 9th ed. Wolters Kluwer; 2022:1190-1232.

Zinc

- Zinc can be found in whole grains (eg, oatmeal, bran), lean red meat, skinless poultry, seafood, beans, cashews, and yogurt.(1)(2)

References

1. Nutritional facts on zinc. In: Raymond JL, Morrow K, editors. Krause and Mahan's Food and the Nutrition Care Process. 16th ed. Elsevier; 2023:1200-1202.
2. Basic nutrition principles, nutrients, and dietary supplements: appendix A. In: Escott-Stump S, editor. Nutrition and Diagnosis-Related Care. 9th ed. Wolters Kluwer; 2022:1190-1232.

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