

Choosing a High-Quality Medical Rehabilitation Program:

.....
AN NRH FIELD GUIDE FOR PEOPLE WITH DISABILITIES



National
Rehabilitation
Hospital

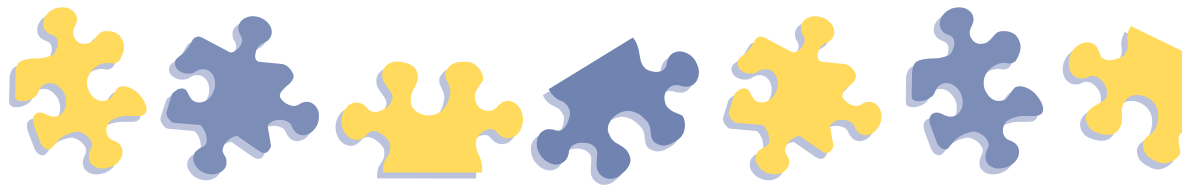
MedStar Research
Institute

*NRH Research Division
MedStar Health*



Choosing a High-Quality Medical Rehabilitation Program:

AN NRH FIELD GUIDE FOR PEOPLE WITH DISABILITIES



National
Rehabilitation
Hospital

MedStar Research
Institute

*NRH Research Division
MedStar Health*



**TO DOWNLOAD A PDF VERSION OF THIS GUIDEBOOK, GO TO WWW.NRHRESEARCH.ORG/CHDR/REHABGUIDE
OR WWW.BU.EDU/HDR/CONSUMERGUIDE.PDF**

FOR ADDITIONAL COPIES OR FOR COPIES IN ALTERNATIVE FORMATS, CALL 1-866-380-4344.

ACKNOWLEDGEMENTS

This guidebook was developed with a grant awarded to the Health & Disability Research Institute at Boston University from the National Institute on Disability and Rehabilitation Research (NIDRR): Rehabilitation Research and Training Center for Measuring Rehabilitation Outcomes, Grant No. H133B990005.

The creators of this guidebook acknowledge and thank Paul Rao, PhD, and Michelle Rives, MPH, who were the authors of the National Rehabilitation Hospital's publication, *A Consumer Guide for People with Stroke: Choosing a Rehabilitation Program*, on which this guidebook is largely based.

We would also like to thank the following individuals for their time and efforts in reviewing this guidebook and providing valuable consumer feedback: Marcus Bell, Bertha Joachin, and Robert Sevigny, in addition to all of the other reviewers for their insightful comments, time, and energy.

This guidebook was prepared by Melinda T. Neri at the National Rehabilitation Hospital Center for Health and Disability Research in Washington, DC and designed by Flannery Studios in Montgomery Village, MD.

Contents

INTRODUCTION	1
PART 1: MEDICAL REHABILITATION	3
What is medical rehabilitation and how can it help me?	3
Who will I work with during rehabilitation?	5
PART 2: HEALTH INSURANCE PLANS	7
What rehabilitation programs and services will my health insurance cover?	7
What are some different types of health insurance plans?	7
What's the difference between private and public health insurance plan payers?	8
What does Medicare cover?	9
What does Medicaid cover?	10
PART 3: CHOOSING A REHABILITATION PROGRAM	11
How do rehabilitation programs differ?	11
Will I need more than one kind of program?	16
PART 4: QUALITY AND REHABILITATION	17
What is meant by 'quality?'	17
What are rehabilitation outcomes?	17
What are some ways quality is measured at the individual level?	19
What are some ways quality is measured at the organizational level?	21
TERMS	25
QUALITY CHECKLISTS	31
RESOURCES	35

STEPS FOR CHOOSING A HIGH-QUALITY REHABILITATION PROGRAM



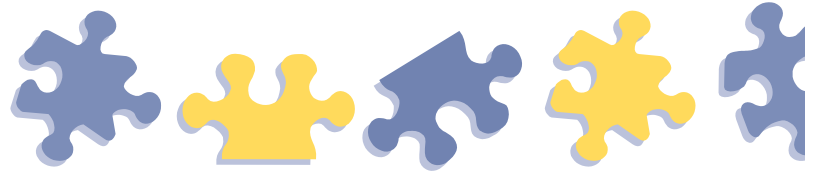
Introduction

Selecting a high-quality medical rehabilitation program after you experience an injury or illness can be hard to do. You want a rehabilitation program that will give you the best possible care and that takes into account your own circumstances. For instance, you will want a program that considers how well you get around, the type of transportation you use, where you live, your level of family support, and your insurance coverage. You also want a program that will help you to become as independent as you can be in your daily living.

When it comes time to choose a rehabilitation program, where do you start? How can you tell which rehabilitation programs offer high-quality services that will meet your needs, and which programs will not?

Unfortunately, people often must decide where to go for rehabilitation when they do not have the time to gather details about all available programs. Typically, decisions about which rehabilitation program to use are made when a person is already in an acute care hospital. If someone has not talked with you or a family member within the first few days after being admitted to a hospital, ask to see a hospital social worker. The social worker can help you begin the process of choosing a rehabilitation program.

The goal of this guidebook is to help you to



choose a high-quality rehabilitation program. It includes four major parts. Part 1 describes medical rehabilitation—what it is, how it can help you, and the different rehabilitation professionals who will work with you. Part 2 discusses health insurance plans so that you can understand what your plan will and will not cover. Part 3 talks about the different types of rehabilitation programs available to you, and Part 4 looks at ways that can help you find a high-quality rehabilitation program to suit your needs.

At the back of this guidebook, you will find a glossary of terms. When you are reading through this guidebook and see a word in **boldface type**, you can find out its meaning in the terms section. You can also look through the terms section first, to familiarize yourself with some of the words. You will see that next to each word is a page number where it appears in the text, if you need further descriptions.

In addition, you will also find checklists to help you choose a high-quality rehabilitation program, as well as a listing of resources including organizations, Web sites, and phone numbers that might be useful.

After reading this guidebook, you should have a better understanding of how to find a good quality medical rehabilitation program. By becoming more informed, you

will be better prepared to choose a program that meets your health care needs and helps you to be as independent as possible.

MARTIN'S STORY: THE ROAD TO RECOVERY

In the summer of 1999, Martin was an active 42-year-old who rode his bike 20 miles roundtrip to work each day. One weekend, as he was gearing up for a long ride and putting on his cycling shoes, he suddenly lost all feeling in his right arm and leg. There was no pain, no sickness, no blurred vision—just no feeling.

Martin was taken right away to an acute care hospital where he learned he had a mild stroke. Two weeks later, he transferred to a rehabilitation hospital where he could rebuild his strength and relearn skills needed for independent living. After his intensive inpatient rehabilitation, he continued with weekly outpatient therapy.

For Martin and others, the changes that come with disability can create lifestyle challenges. Medical rehabilitation helps to identify each person's abilities and finds ways to use those abilities and new skills in daily life.

One of Martin's biggest challenges after his stroke was learning how to do things with his left hand, even though he was right-handed. "I had to learn how to brush my teeth with my left hand. That seems simple enough, but it's been a long, difficult process. In the end, it's been worth it to still be able to do many things for myself."

Martin found that confidence, self-esteem, and support from family and friends played a big part in

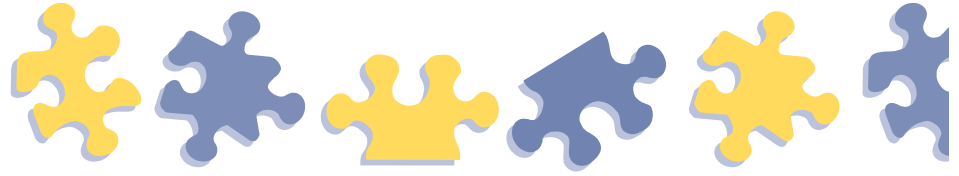
his rehabilitation and recovery. "Rehabilitation is about believing in yourself, knowing that you can get better with determination," he reflected. "It's not easy, but my family and therapists were very supportive."

After rehabilitation, Martin joined a stroke support group. This group of stroke survivors and family members met each month to talk about their experiences. Personal achievements were also shared as a way to inspire others to reach their own personal goals.

Years later and almost fully recovered, Martin is still an active member of the stroke support group. In fact, he now bikes to and from the meetings each month.

Medical Rehabilitation

[illegible]

PART 1:**Medical Rehabilitation**

It's important to try to understand some of the basic concepts about **disability**. To begin with, how well you function depends on your health, where and how you live, and other individual factors. Living with a disability means that your body might not be able to function fully. It also means that you might be limited in doing some tasks or taking part in some activities.

Capacity and performance are two terms that can help you understand how your **functional ability** relates to the concept of disability. **Capacity** refers to one's ability to do an activity in a barrier-free place. For example, you might have the capacity

to walk on a flat, indoor surface where there are no curbs or steps.

Performance is one's ability to do a certain task in a real-world setting that may have barriers, such as steps, uneven ground, or bad weather. Although you might have the capacity to walk, the environment affects your real walking performance. It makes it harder for you to function and plays a part in your disability.

WHAT IS MEDICAL REHABILITATION AND HOW CAN IT HELP ME?

Treatment for disability or illness most often begins with **acute medical care**. This medical care usually is provided in an

KERRY'S STORY: THE ENVIRONMENT AND DISABILITY

Kerry was 19 and working as a summer house painter when he fell from a ladder and sustained an incomplete spinal cord injury. After his injury and rehabilitation, he had a reduced **capacity** for walking and needed to wear braces to help him get around.

Kerry has been living a productive and full life

since the injury. He is able to function and walk independently with his braces and uses public transportation to get to and from work. However, the physical environment sometimes makes walking difficult.

The environment plays a role in Kerry's disability because his walking **performance** is more limited in

bad weather. For example, rains hinders his walking performance because the sidewalks get slick. When the sidewalks get slick, it is harder for him to walk safely from the subway to his office building. When it's not raining and the sidewalks aren't slick, Kerry doesn't have to worry as much about falling.

acute care hospital before you begin rehabilitation. Acute medical care seeks to stabilize your condition and lessen any further complications. Rehabilitation begins after you are stable and your doctors think you will have no more complications.

Medical rehabilitation can help you to live as independently as possible with your disability. It helps to reduce the effects of any problems you may experience after your injury or illness. Rehabilitation uses a carefully planned program to help you regain your ability to function on your own at

MEDICAL REHABILITATION IS DIFFERENT FOR EVERYONE

The rehabilitation process is different for everyone. It depends on many different things, including how you are injured or become ill, how old you are when this happens, where you live, and the resources and services that are available to you. Most importantly, it also depends on YOU.

Meet Elvira. Elvira was 40 years old and living in rural Costa Rica when she awoke one night with an upset stomach and stinging pain shooting down her left arm, coupled with arm cramps. When she tried to get up, she found that she couldn't stand. She immediately called for an ambulance, and after arriving at the hospital, the doctors told her she had a stroke. Elvira was kept in that hospital for 6 months, receiving very little rehabilitation and not making very

good progress while there.

Looking back, Elvira now knows that in rural Costa Rica she wasn't getting the rehabilitation services and professional and emotional support that she needed to make progress. After 6 months recovering in Costa Rica, Elvira decided to move back to the United States so that she could get the rehabilitation services she needed. She would also be closer to family and friends to get the emotional support that she was lacking in her recovery.

Once back in the states, Elvira's first doctor told her that she was never going to walk again. She knew that he was wrong and was determined to prove it. Elvira believed she would indeed, walk again. She found a rehabilitation team that provided her with the services and treatment she

was looking for. Within months, she was making the progress that she knew she was capable of. Being near supportive family and friends, Elvira also received the encouragement and support that she needed to help her. She was now highly motivated to improve both her functional ability and her capacity to live and work independently again.

Today, nine years after her stroke in another county, Elvira is able to receive weekly therapy. She has been working full-time as an Administrative Assistant for over a year, and commutes to and from work via public transportation. As she says, "You would be surprised at how fast you can recover after finding the right treatment and believing in yourself that you can improve."

home, at work, and in the community.

The rehabilitation process takes time and requires patience, motivation, and hard work. To have a successful rehabilitation experience, you will need to relearn some old skills, such as how to get around, and you will need to learn some new skills as well.

The primary aim of medical rehabilitation is for you to be able to do **activities of daily living**, such as eating, dressing, and bathing, so that you can live as independently as possible. Rehabilitation works to reduce the limitations you may experience with certain activities. For example, if you cannot walk on your own, **physical therapy** will help improve your balance and muscle strength.

You might also be given **assistive equipment**. This would include items such as a cane, walker, brace, or wheelchair. All of these will help to increase your independence. This equipment will also help you to function better, get around on your own, and make your life easier.

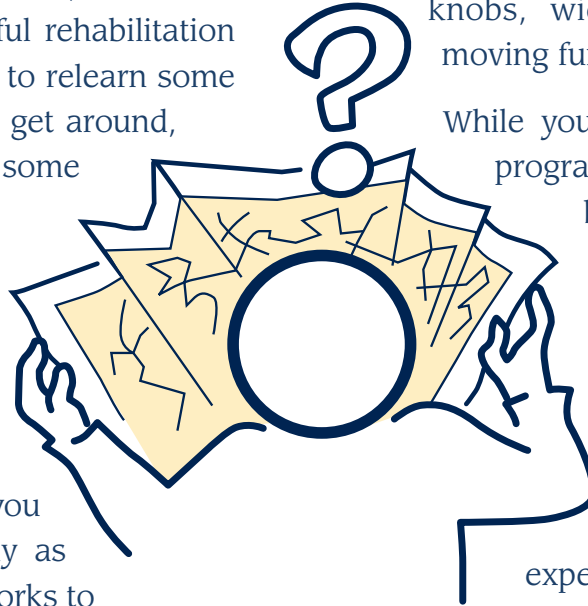
Rehabilitation will also help you find ways to cope with the barriers of your physical environment. For example, you may learn how to go up and down ramps, get through doors, and use public transportation.

You might also learn about changes you

can make in your home to increase your independence. These changes might include putting in ramps, changing door-knobs, widening doorways, and moving furniture and rugs.

While you are in a rehabilitation program, you might feel limited because you can't do everything you did before your injury or illness. With persistence and the help of family, friends, doctors, therapists, nurses, and other rehabilitation experts, you will be able to regain some of the functional

ability you had before. You will also learn new ways to do tasks and take part in activities on your own.



WHO WILL I WORK WITH DURING REHABILITATION?

During rehabilitation, you will most likely work with several different rehabilitation professionals. These professionals make up your **rehabilitation team**. The members of your team will depend on your needs, your current insurance coverage, and the type of rehabilitation program you choose. Following is a list of some of the people that you might work with; some of them might be familiar to you. Regardless, full definitions and descriptions of all of these professionals are included in the 'Terms' section at the back of this guidebook.

Audiologist

Chaplain

Clinical neuropsychologist

Clinical psychologist

Dietician

Occupational therapist

Orthotist

Physiatrist

Physical therapist

Prosthetist

Rehabilitation case manager

Rehabilitation engineer

Rehabilitation nurse

Respiratory therapist

Social worker

Speech-language therapist

Therapeutic recreation specialist

Vocational rehabilitation specialist

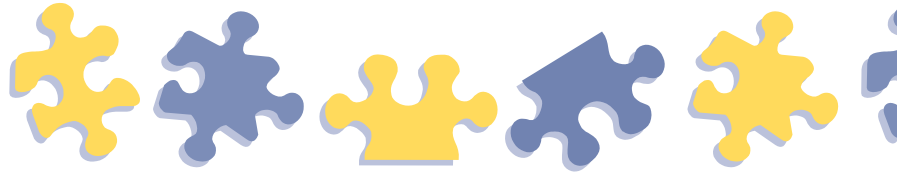
POINTS TO REMEMBER FROM THIS SECTION

- Rehabilitation will help you regain your functional ability. This may involve relearning old skills and learning some new skills.
- During rehabilitation, you will work with many different rehabilitation professionals. The members of your rehabilitation team will depend on your needs, your insurance coverage, and the type of program you have chosen.

Health Insurance Plans



HEALTH INSURANCE PLANS

PART 2:**Health Insurance Plans**

The rehabilitation programs that you can choose from will depend on, in part, what services your current health insurance plan will cover. It is important to know and understand the type of insurance coverage you have so you'll know what type and amount of rehabilitation services you can receive. For example, if you are a veteran, you might be eligible for rehabilitation services through the Department of Veterans Affairs.

WHAT REHABILITATION PROGRAMS AND SERVICES WILL MY HEALTH INSURANCE COVER?

When selecting a health insurance plan, make sure to select a plan that covers rehabilitation services, for the type of rehabilitation services you can choose will depend largely on the type of health insurance coverage you have. Your health insurance coverage can limit your choice of rehabilitation services, providers, and facilities. It is important to understand your health plan so you can make informed decisions about your care.

Keep in mind that all health insurance plans are not alike. They vary from state to state and from person to person. Your plan's coverage for rehabilitation services

will also depend on whether you currently have a private insurance plan or a public insurance plan. Following, the differences are described.

WHAT ARE SOME DIFFERENT TYPES OF HEALTH INSURANCE PLANS?

There are two general types of private health insurance plans, traditional insurance plans and managed care plans, and two types of public plans, Medicare and Medicaid. Over time, the differences between these two types of plans have become less and less clear. Today, many traditional plans have managed care features. Many managed care plans also have features of traditional plans.

Traditional health insurance plans are sometimes referred to as fee-for-service plans. Usually, such plans only pay a portion of your yearly health care expenses *after* you have paid a set amount of money toward all the health care services you receive. This set amount of money (such as \$250) is called the yearly **deductible**, and you pay for this amount out of your own pocket.

For example, your traditional health insurance plan might pay for 80% of all your health care expenses after you have paid

your yearly \$250 deductible. After you have paid the \$250 “out of pocket,” you would only pay 20% of the cost of your next service. Your health plan would then pay for the remaining 80% of the cost.

Traditional health plans generally offer more flexibility than managed care plans. With a traditional plan, you likely will have more choices in terms of where to go for rehabilitation, how much care you can receive, and which doctors you can see. Some traditional plans don't limit the number of rehabilitation services

you receive.

This is different than managed care plans, which usually limit the number of rehabilitation visits that will be covered.

Managed care plans are the other common type of health insurance plans. With this type of plan, all health care services are delivered at a reduced price to plan members who agree to only get their health care from certain doctors at certain locations. With managed care plans, a doctor known as a **primary care doctor** manages your care. You usually have to see your primary care doctor first, and then he or she can refer you to other providers you might need to see. A **health maintenance organization (HMO)** is a

type of managed care plan.

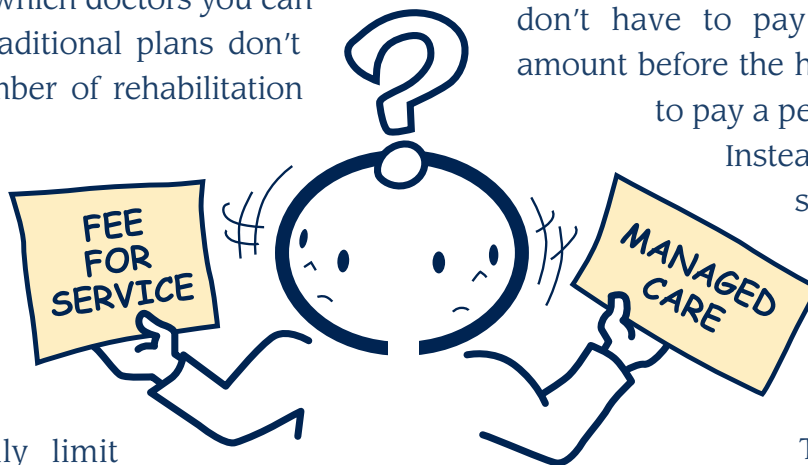
With managed care plans, most of the fees that you would pay for services you receive are fully covered. But each time you use a service, you must pay a small **co-payment** amount instead, as opposed to the actual “fee” for the health care service. This co-payment can range from \$5 to \$50 or more, depending on the service.

With managed care plans, you generally don't have to pay a yearly deductible amount before the health insurance starts to pay a percentage of your cost.

Instead, all of the cost of the service is covered after you pay the small co-payment amount at each visit.

The downside of managed care plans is that your choice of doctors and health care facilities is limited. You often must choose from only doctors who participate in the plan. Also, the plan may limit the amount of certain health care services, such as rehabilitation services, you can receive.

Remember that not all health care plans are alike. Be sure to check with your health plan provider before making any decisions about your rehabilitation program. No matter what type of health insurance plan you have, find out which services will be covered and how many services you can receive.





What's the difference between private and public health insurance payers?

There are two types of health insurance payers—private and public payers. **Private payers** typically are employers. If you have health coverage through your employer, then your health care services are covered by a private payer.

Public payers are the government **Medicare** and **Medicaid** programs. They cover your health and rehabilitation service needs if you meet certain requirements.

The Medicare program is run by the federal government and provides health care coverage mainly for people with disabilities and those who are over the age of 65. The Medicaid program is run by state governments and provides coverage mainly for people with low incomes and those with certain disabilities. Because the Medicaid program is run by the individual states, coverage varies from state to state. Each state sets its own rules for who is eligible for coverage and what services are covered.

What does Medicare cover?

If you are 65 or older, or under 65 and have a disability, and if you meet certain requirements, part of your health care likely is paid for by the federal Medicare program.

Medicare is made up of Parts A, B, C (Medicare Managed Care) and D. Medicare Part A covers:

- All inpatient hospital expenses,
- Certain services provided in a hospice or skilled nursing facility, and
- Certain services provided through home health care services.

Medicare Part B is optional coverage that can be purchased and paid for each month. This insurance covers:

- Doctors' and outpatient hospital services,
- Physical and occupational therapy,
- Certain medical equipment, and
- Some home health services.

Medicare can have features of both tradi-

tional and managed care insurance plans. For example, Medicare Part C, as it is commonly referred to, includes Medicare Managed Care plans (Medicare + Choice). Introduced in 1997, Medicare Managed Care plans offer expanded benefits, for a fee, through HMO's that contract with Medicare. In 2004, Medicare + Choice was replaced by Medicare Advantage.

Medicare Part D is the new prescription drug coverage, which becomes fully effective in 2006. This prescription drug benefit is optional and coverage, deductibles, co-payments, and out-of-pocket costs will vary depending on both your personal income and total prescription drug expenses.

Make sure to find out about coverage limitations under your Medicare plan, because Medicare has rules about the services and treatments covered. For example, depending on your Medicare coverage, you may have to pay for a portion of the health care services you receive. You also may have to pay either a yearly deductible or co-payments for certain services.

What does Medicaid cover?

The state-run Medicaid program provides

health insurance coverage for low-income people of any age. It also covers persons with certain kinds of disabilities. In general, Medicaid covers:

- Hospital care,
- Doctors' services,
- Nursing home care,
- Home health care,
- Outpatient services, and
- Prescription drugs.

In some cases and depending on your income, Medicaid can also help to pay for some of the Medicare expenses (such as deductibles and co-payments) mentioned above.

Medicaid rules, eligibility, and coverage differ from state to state. Make sure to check with your state Medicaid office to find out your state's eligibility requirements and what rehabilitation services are covered.

To learn more about Medicare and Medicaid, visit the federal Centers for Medicare and Medicaid Services' Web site at: <http://www.cms.gov>.

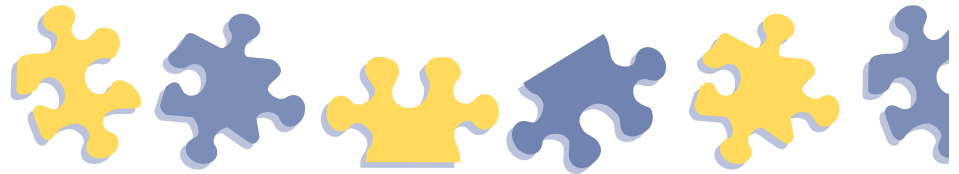
POINTS TO REMEMBER FROM THIS SECTION:

- Know your health insurance plan when making choices about rehabilitation services.
- There are two kinds of private health insurance plans: traditional (fee-for-service) and managed care. Each type of plan has different characteristics.
- Private payers of health insurance are typically your employer. Public payers are the federal and state governments (Medicare and Medicaid).

PART 3:

Choosing a Rehabilitation Program

[illegible]

PART 3:**Choosing a Rehabilitation Program**

Now that you know what rehabilitation is, what it can do for you, and what your current insurance plan may cover, the next step is to understand the different types of rehabilitation programs available.

HOW DO REHABILITATION PROGRAMS DIFFER?

Programs differ from one another in terms of:

- The types of rehabilitation services they provide,
- How often the services are provided,
- The physical setting where these services are provided, and
- Who provides the services.

When choosing a program, find out if the services you need will be offered often enough and whether your treatment will be supervised by a rehabilitation doctor or other rehabilitation professional. Also find out if the program's services are covered by your health insurance plan.

Several different kinds of rehabilitation programs are available. They include:

- Acute rehabilitation,

- Subacute rehabilitation,
- Day rehabilitation,
- Home care,
- Outpatient rehabilitation, and
- Nursing home rehabilitation.

Acute rehabilitation programs provide both medical care and a full range of rehabilitation services. These services include physical therapy (PT), occupational therapy (OT), rehabilitation nursing, speech-language therapy (SLT), vocational rehabilitation (VR), and therapeutic recreation (TR). Other services may also be offered.

In an acute rehabilitation program, a team designs a personalized, interdisciplinary rehabilitation program to meet your needs. Doctors are in direct contact with you (usually daily, but no less than 3 times a week) to monitor your medical condition and progress. In an acute rehabilitation facility, you would also receive 24-hour nursing care.

If you have complex medical needs and could develop complications if your medical treatment is not continued, an acute rehabilitation program is best for you. To take

TYPES OF REHABILITATION PROGRAMS

Program Type	Where Services are Provided	Rehabilitation Services Offered	Nursing Care Offered	Amount of Rehabilitation Therapy Provided
Acute rehabilitation	At an acute rehabilitation facility located in a freestanding rehabilitation hospital, or a rehabilitation unit in an acute care hospital	Medical care, physical therapy, occupational therapy, speech-language therapy, vocational rehabilitation, therapeutic recreation, psychological services, and other services as needed	24-hour nursing care	At least 3 hours of therapy a day, at least 5 days a week
Subacute rehabilitation	At a subacute rehabilitation facility or unit, or in a skilled nursing unit	Medical care, physical therapy, occupational therapy, speech-language therapy, therapeutic recreation, psychological services and other services as needed	24-hour nursing care	1 to 3 hours of therapy a day, 1 to 6 days a week
Home care	At home	Physical therapy, occupational therapy, and speech-language therapy	As needed, 1 to 7 days a week	1 to 2 hours of therapy a day, 1 to 3 days a week
Day rehabilitation	At hospital-based outpatient clinics or free-standing outpatient clinics	Physical therapy, occupational therapy, speech-language therapy, therapeutic recreation, and psychological services	Depending on program and individual needs	3 to 5 hours of therapy a day, 3 to 5 days a week
Outpatient rehabilitation	At an outpatient facility, such as hospital-based outpatient clinics or free-standing outpatient clinics	Physical therapy, occupational therapy, speech-language therapy, vocational rehabilitation, and psychological services	None	1 to 3 hours of therapy a day, 2 to 3 days a week
Nursing home rehabilitation	At a nursing home	Depending on the nursing home, various rehabilitation services may or may not be provided	24-hour nursing care	1 to 3 days a week, depending on the individual's needs

part in such a program, you must be able to tolerate at least 3 hours of rehabilitation therapy per day, at least 5 days a week.

Acute rehabilitation programs can be found in freestanding rehabilitation hospitals. These hospitals are dedicated solely to rehabilitation. You will also find acute rehabilitation programs in acute care hospitals that have specialized rehabilitation units.

Subacute rehabilitation programs often provide therapy needed before or after you complete acute rehabilitation but before you go home. A fairly wide range of rehabilitation services, including PT, OT, SLT, and TR, is provided. Subacute rehabilitation is less intensive and generally lasts longer than acute rehabilitation.

A subacute rehabilitation program includes 24-hour nursing care, and your treatment plan is supervised by a rehabilitation doctor. The rehabilitation doctor also provides additional health care as needed. However, you will see the rehabilitation doctor less often than you would in an acute rehabilitation program.

Subacute rehabilitation is best for you if you have a high level of disability but cannot tolerate the amount or intensity of

therapy given in an acute rehabilitation program. Subacute rehabilitation also requires that you are in stable medical condition and need continued medical care to avoid possible complications. For subacute rehabilitation, you must be able to tolerate 1 to 3 hours of therapy per day, 1 to 6 days per week.

Subacute rehabilitation is offered in many different settings, including:

- Freestanding, subacute rehabilitation facilities that provide medical rehabilitation only;
- Subacute rehabilitation units that are a part of general, acute care hospitals;
- Skilled nursing units that are a part of general, acute care hospitals; and
- Skilled nursing beds that are located in nursing homes.

A **skilled nursing facility** (SNF) is one place you might receive subacute rehabilitation. SNFs meet certain industry standards and offer a higher level of nursing care than that offered by nursing homes.

Day rehabilitation, or day treatment, programs are like acute rehabilitation programs except that patients do not stay overnight in a hospital. You can live at home or in another community setting.



These programs offer many rehabilitation services, which are supervised by rehabilitation doctors. Nursing care and general medical care are also offered as needed.

If you are medically stable and don't need intensive nursing care or constant monitoring by a doctor, a day rehabilitation program is best for you. These programs provide 3 to 5 hours of therapy per day, 3 to 5 days per week. Day rehabilitation programs can be independent freestanding programs, or part of rehabilitation hospitals.

Home health care services allow you to receive rehabilitation treatment in your own home. Home health care would be right for you if you are able to live at home but are not able to travel to an outpatient facility if your health does not allow it, you live too far away, or you do not have transportation.

With home health care services, rehabilitation professionals travel to your home to provide rehabilitation services and nursing care. Services and care are provided as often as your doctor prescribes them and your insurance allows. You typically receive 1 to 2 hours of therapy per day, 1 to 3 days per week.

Outpatient rehabilitation is provided if you live at home and can travel to an outpatient facility. Outpatient rehabilitation can include a full range of therapy services that make up a coordinated program of care. It can also include only one or two services (such as physical or occupational

therapy). Additional nursing care is not provided. Typically, you receive outpatient rehabilitation therapy services 2 to 3 days per week.

If you are in a medically stable condition and are able to live in your own home without the risk of developing complications, outpatient rehabilitation is best for you. Outpatient rehabilitation therapy services are often given to continue treatment after more intensive acute or subacute rehabilitation.

Outpatient rehabilitation therapy services are provided in many different settings, including doctors' offices, hospital-based outpatient units, hospital-owned outpatient centers, and other outpatient centers that are not a part of hospitals.

A **nursing home** is another setting where you might receive rehabilitation services. Nursing homes are different from skilled nursing facilities because not all nursing homes provide rehabilitation services for their residents.

The kinds of rehabilitation services offered and the intensity of the rehabilitation treatment vary from one nursing home to another. Some nursing homes provide rehabilitation treatment 1 to 3 days per week. Treatment can be a single rehabilitation therapy service, such as physical therapy. It can also be offered as a coordinated program of care that includes several different services.

If you are medically stable but have special needs that require 24-hour nursing care, a nursing home is a good choice. You might want to consider a nursing home if you need ongoing nursing care and cannot be cared for safely at home, either perma-

nently or for a period of time.

Nursing homes differ greatly in the care they provide, so it is very important to ask many questions when you are choosing this type of care. Make sure to ask about

LOLA'S STORY: FINDING A QUALITY REHABILITATION PROGRAM FOR YOUR NEEDS

Lola was 32 when she was hit by a car as she was crossing the street. Her left leg was shattered and her left hip broken. After many surgeries and weeks in an acute care hospital, Lola went to an acute rehabilitation facility, where she was an inpatient for a short time.

She and her husband had to start thinking about which rehabilitation programs would best meet her long-term recovery needs after she was discharged from the acute rehabilitation facility. This involved learning about the different outpatient programs offered in their area.

Lola had a private health insurance plan offered through her employer. Because of the plan's coverage limits, she and her husband had to rule out certain rehabilitation pro-

grams. They then gathered information to help decide which of the remaining programs would offer the best quality of care to meet Lola's needs.

To begin, they looked on the CARF website to find out which nearby rehabilitation programs were accredited. They called those programs to ask about the FIM scores of discharged patients.

In addition, they asked what percentage of previous patients went home, rather than to nursing homes or assisted living centers when discharged. They also wanted to know how satisfied other patients were with the program and facility. To find out, they asked about the results of any of the programs' patient and family satisfaction surveys.

Having all of this information helped Lola and her husband choose a high-quality rehabilitation program. They felt that the program they chose would best help Lola reach her goal of living as independently as possible in her own home.

After going home from the acute rehabilitation facility, Lola continued to work toward her recovery goals. With months of home and outpatient therapy, she noticed a gradual, yet marked improvement in her walking ability.

By the time she finished outpatient therapy, she felt that she had made the right decisions when choosing her therapy programs. Despite her disability, she was well on her way back to her active, independent lifestyle.

the kinds of rehabilitation services that are offered, how often the services are provided, and what types of rehabilitation professionals provide care in the nursing home.

Will I need more than one kind of program?

During the course of your rehabilitation, you may need and receive care in more than one program or setting. Depending on how your medical condition and rehabilitation needs change, you might be moved to a different program or treatment setting. One program may serve as a “bridge” to another.

For example, home health care can be used as a bridge between the acute care hospital and an outpatient rehabilitation program. During home care, you might learn certain skills, such as how to manage stairs in front of your home and how to get in and out of a car. After learning those

skills, you could then get to the rehabilitation facility for outpatient care.

Subacute rehabilitation can also be a bridge between your discharge from an acute care hospital and the beginning of another rehabilitation program. Subacute care might be helpful if you need time to increase your endurance and tolerance for rehabilitation before starting another program.

Moving from one treatment program or setting to another is common. Doing so helps make sure that you receive the kind and amount of rehabilitation services you need, when you need them.

Keep in mind that there is no “right” way to progress through rehabilitation. Each person has different needs that are met by different kinds of rehabilitation at various points in time.

POINTS TO REMEMBER FROM THIS SECTION:

- There are many different types of rehabilitation programs offered in different rehabilitation settings.
- The type of program you choose should depend on both your rehabilitation needs *and* your health insurance coverage.
- You may progress through more than one type of rehabilitation program during your recovery.

Quality and Rehabilitation

[illegible]

PART 4:**Quality and Rehabilitation**

It's also a good idea to try to find out about the quality of rehabilitation services when you choose where to go for rehabilitation. The following section will help you to figure out what to look for in a high-quality rehabilitation program. It also describes some of the ways to measure quality. With this information, you will be able to compare the rehabilitation programs and services that you are choosing from.

WHAT IS MEANT BY 'QUALITY?'

In health care, **quality** refers to how well health care services meet an individual's needs. Some programs and facilities do a better job of this than others. When choosing health care services, you can compare the quality of services provided by different programs to help you decide which one will best meet your needs.

In some ways, comparing health care providers is like comparing products you can buy. For instance, if you want to buy a new television set, you can read *Consumer*

Reports to compare the cost, reliability, and special features of different models. You can then choose a high-quality, affordable TV that has the features you want.

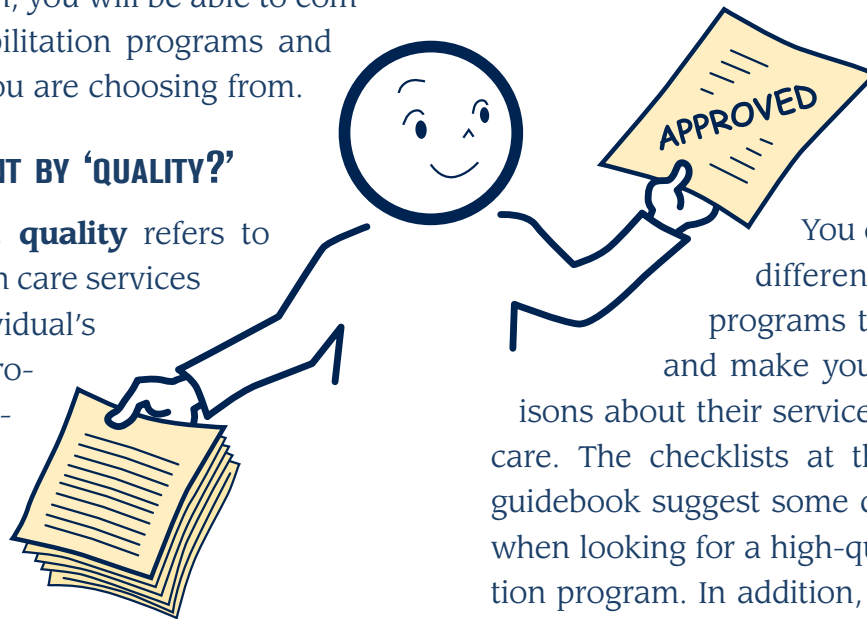
In the same way, when you are looking for a rehabilitation program, you can compare the quality and services of different programs to help you decide how well they meet your own needs. One way to do this is to compare different rehabilitation hospitals. For example, *U.S. News & World Report* magazine publishes yearly ratings

of America's best hospitals, including rehabilitation hospitals.

You can also contact different rehabilitation programs to ask questions and make your own comparisons about their services and quality of care. The checklists at the back of this guidebook suggest some questions to ask when looking for a high-quality rehabilitation program. In addition, the information below should help you understand what to think about and look for when comparing the quality of rehabilitation programs.

WHAT ARE REHABILITATION 'OUTCOMES?'

One way to find out about the quality of rehabilitation services is to look at rehabilitation outcomes. In general, the outcome of an event is the end result of that event. For example, the **outcome** of an event



such as a football game would be the final score. The score reflects the fact that one team did better than the other.

In the rehabilitation setting, outcomes refer to certain “scores,” or pieces of information that tell you how good a certain service, treatment, or rehabilitation program is. For example, after treatment, can you walk without help? Do you have less pain? Walking without help and having less pain are possible positive outcomes of rehabilitation treatment. By looking at

rehabilitation outcomes such as these, you can compare services and programs and decide which one is best for you.

Information about rehabilitation outcomes is collected in many different ways and about many different topics. Information can be collected about just one person, or it can be collected about the rehabilitation organization or program as a whole. All of this information will help you to figure out how good the services are and if the program is of high quality.

MORE ABOUT OUTCOMES

“**OUTCOMES**” may be a term that you have not heard of before. Outcomes are the impact of the rehabilitation care and treatment provided to a patient.

When you’re choosing a rehabilitation program, be sure to ask about the program’s outcomes. Below are some examples of questions for you to ask, and what to look for in the answers you may receive:

ASK: *What is the average change in FIM scores for patients discharged from your program?*

FIM scores measure patients’ changes in function during rehabilitation.

When measured at admission and discharge, a patient’s FIM score can range from 18 to 126. A higher average change in FIM score at discharge is better. For example, an overall change of 20 points at discharge is better than an overall change of 10 points.

ASK: *What percentage of the program’s inpatients are discharged to the community, rather than to nursing homes?*

The higher the percentage of patients who return to their community, the better. For example, 85% of inpatients returning to their community is better than 65%.

ASK: *How satisfied with the program were previous*

patients and families, based on any available survey results?

The higher the satisfaction levels of patients and families, the better. Ask to see any results from the program’s patient and family satisfaction surveys, including results for your specific condition.

ASK: *What percentage of the program’s inpatients go back to a hospital or other inpatient health care facility within 15 days of discharge from the rehabilitation program?*

The lower the percentage of people readmitted to a hospital or other inpatient facility, the better. For example, 5% of a program’s patients going back to inpatient care is better than 25%.

WHAT ARE SOME WAYS QUALITY IS MEASURED AT THE INDIVIDUAL LEVEL?

In an acute, **inpatient rehabilitation** setting, the quality of services can be measured by looking at certain individual outcomes. For instance, most rehabilitation providers collect information about the functional ability of their inpatients, as well as their ability to meet key, functional goals. This information often is collected twice-once at admission and again at discharge. Any changes in functional ability can then be measured, recorded, and compared with other programs' outcomes.

When choosing a rehabilitation program, you can look at some of the program's individual outcome measures and then compare them with those of other programs. Following are three individual outcomes that you can look at:

- Patients' changes in functional ability,
- The percentage of patients who return

home and to their communities when they leave the program, and

- Patients' and family members' satisfaction with the program.

Changes in functional ability. A change in functional ability is one way to look at how effective the services are in restoring and improving function and meeting rehabilitation goals.

When you are first admitted to an acute, inpatient rehabilitation facility, your rehabilitation team will collect information on how well you are functioning. For example, the team may measure your ability to walk or groom yourself independently. The team will then compare this information with how well you are functioning when you leave the facility. The ideal outcome, or end result, would be that your level of functioning and independence increased after your stay in the rehabilitation setting.

Your level of functioning will probably be

MORE ABOUT THE FIM

The **FIM**, or Functional Independence Measure, is the most widely used functional measurement tool in medical rehabilitation. The functioning of inpatients is usually measured at admission to a rehabilitation setting, and then again at discharge. The change found between admission and

discharge shows how much patients' function has improved overall during their stay.

The FIM tool includes 18 items about self-care (grooming, eating, bathing, and dressing), sphincter (bowel and bladder) control, and mobility and walking. Other items ask about comprehension, understanding, social

interactions, problem solving, and memory.

Each of the 18 items can be scored from one to seven. The overall FIM score for the entire questionnaire can therefore range from 18 to 126. A higher overall score means that the person is more independent. A lower overall score means that the person is more dependent.

measured through what is called the **FIM**, or Functional Independence Measure. The FIM is a measurement tool with 18 items that look at how well you do certain activities while in acute inpatient rehabilitation. (See “More about the FIM” box).

Return to community. Another outcome to consider is the percentage of individuals who return to their communities (rather than to nursing homes, for example) after inpatient rehabilitation. This would mean that they are functioning well enough on their own to not need assistance with daily living.

Satisfaction. Patients’ and their family members’ satisfaction is another outcome to think about. Many rehabilitation facilities and programs ask inpatients to fill out a satisfaction survey and to rate their care.

By asking about FIM scores, return to

home and community, and patient satisfaction, you can get an idea of how good a rehabilitation program’s services are (See “More About Outcomes” box).

WHAT ARE SOME WAYS QUALITY IS MEASURED AT THE ORGANIZATIONAL LEVEL?

The measures described above will help you learn about the quality of care provided to individuals who have been in a rehabilitation program. They will help to answer questions such as: Do inpatients have functional improvements? Are they able to go home after rehabilitation? Are they satisfied with their care?

All of those are important questions to ask. But there are also many other ways to look at quality on a broader, more general level as well. For example, you can ask about:

MEASURING OUTCOMES



- The qualifications of the rehabilitation team members,
- The rehabilitation team's experience and success with your condition, and
- The organization's or program's accreditation status.

Qualifications of the team. Rehabilitation team members who are qualified to treat you should have rehabilitation training and experience in their fields. For example, the team should include a doctor who is trained

and certified in a specialty such as physical medicine and rehabilitation or neurology.

A program's other rehabilitation team members should also be trained and skilled in their fields. For instance, team members should have degrees and credentials in physical therapy, occupational therapy, or speech-language pathology.

Experience and success with your condition. The rehabilitation program you choose should have a good record of treating patients with your disability or condi-

MORE ABOUT JCAHO AND CARF ACCREDITATION

Accrediting bodies make sure that health care organizations are of high quality and standards. **Accreditation** refers to a status given to hospitals and other health care facilities that meet certain standards of excellence and quality. Hospital, facility, and program quality is assessed by a panel of experts who follow an approved review process.

JCAHO and CARF are two major accrediting bodies. **JCAHO** is the Joint Commission on Accreditation of Healthcare Organizations. This group looks at how well health care organizations and programs meet

certain performance standards. JCAHO reviews and accredits different kinds of health care organizations and programs, including rehabilitation programs.

JCAHO has three levels of accreditation scores. These levels are "Not Accredited", "Conditional Accreditation," and "Full Accreditation." Fewer JCAHO recommendations to improve the quality of their care reflect better outcomes.

JCAHO accreditation results, or the "status" of health care organizations, can be obtained and compared using the JCAHO website:

<http://www.jcaho.org/qualitycheck/directry/directry.asp>

CARF, the Rehabilitation Accreditation Commission, accredits only medical rehabilitation services and programs in the Health Care Division.

If a rehabilitation program or facility is accredited by CARF, its rehabilitation services are of the highest standards and quality. CARF may also recommend "Non-Accreditation," "Conditional Accreditation," or a 1 or 3 year accreditation period.

To find CARF-accredited rehabilitation programs for your condition in a particular state, visit the CARF website and search under the link "Search for a Provider:"

<http://www.carf.org>

tion. Some facilities provide a wide range of rehabilitation services for conditions, such as stroke rehabilitation, brain injury, multiple sclerosis, and hip replacement. Others programs may offer expert care in only one area, such as hand or spinal cord injury rehabilitation.

It is important to find out which rehabilitation programs provide the specialized care you need. If one is not available in your area, you might want to consider going to another area or state for rehabilitation.

Accreditation status. Another way to find out about the general quality of a rehabilitation program, organization, or facility is to look at its accreditation status. **Accreditation** is like a “seal of approval” given to hospitals and both health care facilities. Accredited organizations and programs meet high standards of excellence in service and quality.

Two accrediting groups you may hear of are JCAHO and CARF. If a rehabilitation facility, program, or health care organization is accredited by both of these organizations, you can feel confident that it will provide high-quality care. (See “More about JCAHO and CARF Accreditation” box).

JCAHO is the Joint Commission on Accreditation of Healthcare Organizations. It is an independent, non-profit organization that looks at how well health care providers meet quality and performance standards. JCAHO looks at the quality of the staff and equipment, as well as the organization’s success in treating patients. An organization, hospital, or program is accredited only if these standards are met.

CARF, the Rehabilitation Accreditation Commission, is another independent, non-profit group that helps to ensure high-quality care and the best possible outcomes. CARF’s Health Care Division only reviews and accredits medical rehabilitation services and programs. These services and programs may be offered in an inpatient hospital, an outpatient clinic, or in a workplace or other community setting. CARF accreditation means that the services that a program provides meet high standards of quality.

If you know how to look at quality and outcomes at both the individual and organizational levels, you will be better prepared to choose a high-quality rehabilitation facility or program that will best meet your needs. Part 3 of this guidebook offers more advice for choosing a rehabilitation program.

POINTS TO REMEMBER FROM THIS SECTION:

- One way to know about rehabilitation quality is to look at a program’s outcomes.
- Individual outcomes you can look at include FIM scores, where patients are discharged to, and patients’ and families’ satisfaction with the program.
- Organizational outcomes you can look at include a rehabilitation programs’ accreditation status given by JCAHO and CARF.

STEPS FOR CHOOSING A HIGH-QUALITY REHABILITATION PROGRAM



Terms

[illegible]

Terms

Accreditation (p.22): An objective evaluation process that determines if hospitals and other health care organizations meet certain high standards of excellence, service, and quality in their field. Think of accreditation as a “seal of approval.”

Activities of daily living (ADL) (p.5): Routine activities a person does every day, such as standing, sitting, walking, eating, bathing, and grooming.

Acute care hospital (p.3): A hospital that provides acute medical care.

Acute medical care (p.3): Medical care that is meant to stabilize one’s short-term medical condition and minimize complications; usually received before rehabilitation.

Acute rehabilitation (p.11): Medical services that include both medical care and other rehabilitation services, such as physical therapy, occupational therapy, and speech-language therapy.

Assistive equipment (p.5): Any equipment or device, such as a wheelchair, brace, walker, or speech aid, that helps a person become more independent, function better, and perform activities of daily living.

Audiologist: A health care professional who uses advanced equipment to evaluate and diagnose hearing problems. He

or she will make recommendations about the need for hearing aids or other assistive hearing devices.

Capacity (p.3): A person’s ability to do a task or activity in a controlled environment or place, free of any external barriers.

Chaplain: A hospital chaplain is available in the hospital 24 hours a day, and is able to provide crisis intervention and spiritual support for you and your family.

Clinical neuropsychologist: A psychologist who specializes in studying brain behavior relationships. Neuropsychologists treat people who may have something wrong with the way that their nervous system (the brain and spine) functions.

Clinical psychologist: A mental health professional who can help people understand and adjust to disability. He or she will teach coping skills, such as stress management and pain control, and will offer individual, family, or group counseling.

CARF, the Rehabilitation

Accreditation Commission (p.22): An independent, non-profit body that helps to ensure high-quality and the best possible outcomes in rehabilitation services and programs. A rehabilitation program accredited by CARF means that the services provided are of the highest standards and quality.

Co-payment (p.8): In a managed care plan, a small, fixed dollar amount that you must pay before you receive a health care service. Depending on the plan and the health care service you are receiving, a co-payment can range from \$5 to \$50 or more.

Day rehabilitation (day treatment) (p.13): Rehabilitation care that provides a full range of intensive rehabilitation services, but allows patients to stay at home overnight.

Deductible (p.7): A yearly dollar amount that the patient must pay before an insurance company begins paying for any services. This amount varies by insurance plan.

Dietician: A professional who designs a dietary plan that meets your personal nutritional needs. The dietician will take into account your food preferences, your physical abilities, and any dietary recommendations from your doctor.

Disability (p.3): An impairment, limitation in activities, or restriction in participation.

Functional ability (p.3): How well a person is able to perform daily activities (such as eating, bathing, dressing, and communicating) without help from someone else.

Functional Independence Measure (FIM) (p.19): A measurement tool that uses 18 items to assess progress during

inpatient rehabilitation. The FIM measures a person's ability to perform the following independently: self-care, sphincter (bowel and bladder) control, transfers, locomotion, communication, and social cognition.

Health maintenance organization

(HMO) (p.8): A type of managed care plan in which people can only see doctors who are a part of their HMO network of providers. Referrals from a primary care doctor are needed in order to see specialists or to get other health care services within the network.

Home health care (p.14): Health care services provided in your home by a visiting health care professional, such as a nurse or therapist.

Inpatient rehabilitation (p.19): Rehabilitation services received as an inpatient in a rehabilitation unit or a free-standing rehabilitation hospital setting.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

(p.22): An independent, non-profit organization that evaluates how well health care organizations and programs (including rehabilitation programs) meet rigorous quality and performance standards.

Managed care (p.8): Health insurance plans that deliver comprehensive health care services at a reduced price for members who agree to use certain providers and facilities.

Medicaid (p.9): A state government-run program that provides health insurance mainly for low-income families and people with significant disabilities.

Medical rehabilitation (see rehabilitation) (p.3).

Medicare (p.9): A health insurance program administered by the federal government that provides health insurance for people age 65 or older, some people with disabilities, and others who qualify.

Nursing home (p.14): A facility where patients stay to receive rehabilitation services, long-term care, or skilled nursing care.

Occupational therapy: Therapy that teaches skills and adaptations to improve one's ability to do tasks at home, at work, and in the community. The occupational therapist (OT) or occupational therapy assistant will teach you skills and adaptations needed to improve your ability to do tasks at home, at work, and in the community. Your OT practitioner will focus on preventing, reducing, or adjusting to disability so that you can do a wide range of activities, from bathing to managing personal finances.

Orthotist: A professional who helps make, fit, and repair adaptive devices, such as orthopedic braces (orthoses).

Outcomes (p.17): The impact of care and treatment provided to a patient. In the rehabilitation setting, one way to measure this impact is to collect information about the patient regarding functional abilities at admission and then again at discharge. The services delivered can be compared as to their effectiveness in restoring and improving function. Patient satisfaction measures are also considered an "outcome."

Outpatient rehabilitation (p.14): Rehabilitation services provided to a person who lives at home. Outpatient rehabilitation may be a comprehensive, daily program of multiple services or only one or two services once or twice a week.

Performance (p.3): A person's ability to do a certain task in his or her present environment, which may include certain barriers, such as steps or bad weather.

Physiatrist: A physiatrist is a doctor who specializes in **physical medicine and rehabilitation** (see next term). Physiatrists are trained to assess your level of functioning, diagnose your disability, and treat any medical complications related to your disability. Their goal is to maximize your functional ability, independence, and quality of life. Your physiatrist will manage your rehabilitation team and will be responsible for medical decisions about your care.

Physical medicine and rehabilitation

(PM&R): A medical specialty dedicated to diagnosing, treating, and preventing disability, and to improving patients' functional ability, quality of life, and independence.

Physical therapy (p.5): Therapy that restores and maximizes movement and function. A **physical therapist (PT)** will evaluate how well you control movement and your physical functioning. He or she will do tests to see how much mobility, strength, and range of motion you have. Your PT will then design a treatment program to restore and maximize your movement and function based on the test results.

Primary care doctor (p.8): In a managed care plan, this is the doctor that manages your care. He or she can also refer you to medical specialists or other providers for additional health care that you may need.

Private payer (p.9): A non-governmental entity that pays for your health insurance plan. Private payers typically are employers.

Prosthetist: A professional who helps make, fit, and repair adaptive devices, such as artificial limbs (prostheses).

Public payer (p.9): The federal government or state that pays for a person's health insurance plan. The federal government and individual

states are the public payers of health insurance programs such as Medicare and Medicaid.

Quality (p.17): How well health care services meet the unique needs of each individual patient. Quality can be determined by asking, for example: Is the patient satisfied with the health care services? Is the health care organization responsive to each patient's needs? Are staff members qualified in their fields? Is the organization accredited?

Rehabilitation (also see medical rehabilitation) (p.3): Treatment received as part of a program to enhance functional ability following disease, illness, or injury. Rehabilitation services can include, but are not limited to, medical care, nursing care, physical therapy, occupational therapy, speech-language therapy, therapeutic recreation, vocational rehabilitation, counseling, and other activities prescribed to increase a patient's independence and functional abilities.

Rehabilitation case manager: A health care professional who makes sure that a person receives needed services after a rehabilitation stay. A rehabilitation case manager coordinates care across health care providers and facilities, and also makes sure that all aspects of your treatment comply with the rules of your insurance coverage.

Rehabilitation engineer: A specially trained engineer who helps select, modify, and design assistive equipment for mobility, communication, work, recreation, and therapy needs.

Rehabilitation nurse: The rehabilitation nurse will work with other rehabilitation professionals to personalize your care. He or she will assist you with activities of daily living and will help make your rehabilitation services a part of your daily hospital routine. The rehabilitation nurse will also teach you and your family about your disability, medications, and treatment.

Rehabilitation team (p.5): A group of health care professionals from different fields who work with the patient and family to plan and provide rehabilitative care.

Respiratory therapist: A health care professional who tests one's ability to breathe and designs a personalized breathing program.

Skilled nursing facility (SNF) (p.13): A facility that provides patients with a high level of nursing care and meets certain industry accreditation standards.

Social worker: A professional who provides services to help with the transition from an acute care setting to rehabilitation, and then back to the family and

community. A social worker will work with you, your family, and community agencies to make arrangements for support services that may be needed during and after rehabilitation. This might include making referrals to community agencies; arranging for continuing care; and offering counseling to you, your partner, and your family.

Speech-language pathology (sometimes referred to as **speech-language therapy**): Therapy to restore and develop communication skills and abilities. A **speech-language pathologist (SLP)** will work with you to enhance your communication skills if they have been affected by your illness or injury. This may involve helping you to improve your voice, speech, language, or conversational skills. It may also involve teaching you how to use gestures, computers, or other devices to communicate. In addition, your SLP will help you to adapt to any problems with swallowing or eating.

Subacute rehabilitation (p.13): Rehabilitation services that include daily nursing services, supervision by a rehabilitation doctor, and medical care as needed. Subacute rehabilitation is less intensive and generally lasts longer than acute rehabilitation.

Therapeutic recreation: Therapy to regain as much independence as possible in one's leisure activities, pastimes, and hobbies. A **therapeutic recreation specialist** will help you to evaluate your leisure needs, abilities, and interests, and work with you to develop a treatment program. Therapeutic recreation activities take place in both the rehabilitation facility and the community. These activities are designed to help you regain as much independence as possible in your leisure pursuits.

Traditional health insurance (also known as fee-for-service) (p.7): A type of health insurance plan in which a fee is charged for each health care service received. The patient can freely choose where to receive health care and rehabilitation services. The insurance plan covers a part of the cost of services after a set deductible amount is paid.

Vocational rehabilitation: Services that help to figure out a person's job strengths, and provide guidance for employment or education planning. A **vocational rehabilitation counselor** will help to determine your job strengths and will provide guidance for employment or education planning. He or she will work with your current employer or school and will help to make sure that needed accommodations are made. A vocational rehabilitation counselor might also help you to look for new employment and may talk with specific employers about your employment. In addition, he or she will coordinate referrals to community-based job service and vocational rehabilitation programs.

Quality Checklists



QUALITY CHECKLISTS

[illegible]

Quality Checklists

QUALITY CHECKLIST: MEETING YOUR PERSONAL NEEDS

Following are more examples of questions for you to ask as you look for a high-quality rehabilitation program. These questions relate to what you personally want in a rehabilitation program. These questions should be considered carefully, depending on your personal needs.

	Yes	No
Is the location of the rehabilitation program convenient to family members and friends who will visit you?	<input type="checkbox"/>	<input type="checkbox"/>
Are the visiting hours convenient for your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program ask patients and family members how satisfied they are with the services and care they received?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are the satisfaction data available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the feedback positive?	<input type="checkbox"/>	<input type="checkbox"/>
Is the program covered by your health insurance plan?	<input type="checkbox"/>	<input type="checkbox"/>
If the program isn't covered by your health insurance plan, will your plan cover any of the costs of the program?	<input type="checkbox"/>	<input type="checkbox"/>

OTHER QUESTIONS TO CONSIDER:

What is the program's average length of stay for people with your condition?	_____ days
What percentage of people with your condition return to their homes after being discharged (as opposed to being discharged to a nursing home)?	_____ %
What is the overall patient satisfaction rating?	_____ %

QUALITY CHECKLIST: MEETING INDUSTRY STANDARDS

Below are some examples of questions for you to ask as you look for a high-quality rehabilitation program that best meets your needs. These questions are based on quality standards within the rehabilitation industry.

	Yes	No
Is the program or hospital accredited by CARF?	<input type="checkbox"/>	<input type="checkbox"/>
Is the program or hospital accredited by JCAHO?	<input type="checkbox"/>	<input type="checkbox"/>
Is the program certified by Medicare? (Programs certified by Medicare must meet minimum health and safety standards)	<input type="checkbox"/>	<input type="checkbox"/>
Has the program been in operation for at least 1 year?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program have experience with your particular condition(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program have a system for checking both the clinical progress of its patients and its own internal quality?	<input type="checkbox"/>	<input type="checkbox"/>

FOR ACUTE REHABILITATION AND DAY TREATMENT PROGRAMS:

Does the program offer at least <i>3 hours of therapy per day, 5 days a week</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer services such as physical therapy, occupational therapy, speech-language therapy, and psychology, depending on your individual needs?	<input type="checkbox"/>	<input type="checkbox"/>

FOR SUBACUTE PROGRAMS:

Does the program offer at least <i>1 hour of therapy per day, 1 to 6 days a week</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer services such as physical therapy, occupational therapy, speech-language therapy, and psychology, depending on your individual needs?	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY CHECKLIST: MEETING STANDARDS OF EXCELLENCE

Following are more examples of questions for you to ask as you look for a high-quality rehabilitation program. These questions are based on what makes an excellent rehabilitation program.

	Yes	No
Does the program have a relationship with other programs that offer rehabilitation services you may need at a later point in time (such as subacute care, day treatment, outpatient treatment, or home care)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the physicians who provide care in the program have a background in rehabilitation medicine or a rehabilitation-related specialty, such as neurology?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program have a full-time physiatrist or rehabilitation specialist available for patients?	<input type="checkbox"/>	<input type="checkbox"/>
Is your personal physician or primary care provider permitted to visit you at this facility?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program use a “team approach,” where the doctor, therapists, and other rehabilitation professionals work together and meet at regular intervals to talk about your progress?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program hold “family conferences” to keep families involved and informed of your progress?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program conduct home visits to make recommendations before discharging people who are returning home?	<input type="checkbox"/>	<input type="checkbox"/>
Does the program look at the progress of each patient by measuring his or her functional ability and level of independence in doing daily activities?	<input type="checkbox"/>	<input type="checkbox"/>

Resources

[illegible]

Resources

Following is a list of resources. You may find some of these to be useful as you gather information to help you to choose a quality rehabilitation program for your specific needs.

ABLEDATA

<http://www.abledata.com/>
800-227-0216
TTY: 301-608-8912

ABLEDATA is a federally funded project that provides assistive technology information, including product descriptions, an online library, other disability-related resources, and a consumer forum.

Administration on Aging (AoA)

U.S. Department of Health and Human Services

<http://www.aoa.gov/>
202-619-0724

AoA is the federal focal point and advocate agency for older persons and their concerns. It supports state and local community-based services, including home-delivered meals, in-home assistance for elderly persons, transportation services, and employment help.

American Academy of Physical Medicine and Rehabilitation (AAPM&R)

<http://www.aapmr.org/>
312-464-9700

AAPM&R is a professional organization for physiatrists. Its Web site includes a searchable database that helps users to find physical medicine and rehabilitation specialists who are members of AAPM&R.

American Congress of Rehabilitation Medicine (ACRM)

<http://www.acrm.org>
317-915-2250

ACRM is a professional organization for professionals who work in rehabilitation fields. Its mission is to promote the art, science, and practice of rehabilitation care for people with disabilities. The ACRM Web site includes resources and links to other organizations.

American Occupational Therapy Association (AOTA)

<http://www.aota.org/>
301-652-2682
TTY: 800-377-8555

AOTA is a professional organization for occupational therapy professionals. Its Web site provides consumers with general information about occupational therapy; tip sheets about health and disability issues, conditions, and daily living; resource listings; and a searchable directory of occupational therapy specialists.

**American Physical Therapy
Association (APTA)**

<http://www.apta.org/>
800-999-2782
TTY: 703-683-6748

APTA offers consumers information about physical therapy, including research, fitness guides, and an online directory of certified therapists that is searchable by state and specialty.

**American Speech-Language-Hearing
Association (ASHA)**

<http://www.asha.org/default.htm>
800-638-8255 (voice and TTY);
8:30 a.m. to 5 p.m., Eastern Time

ASHA provides callers with referrals to certified speech-language pathologists and audiologists throughout the country. The association also helps consumers to find therapists who are bilingual or have special skills.

**American Therapeutic Recreation
Association (ATRA)**

<http://www.atra-tr.org/atra.htm>
703-683-9420

The American Therapeutic Recreation Association (ATRA) is the largest, national membership organization representing the interests and needs of recreational therapists.

Arthritis Foundation

<http://www.arthritis.org/>
800-283-7800

The Arthritis Foundation is a national, non-profit organization that provides advocacy, programs, services, and research for the more than 100 types of arthritis and related conditions.

**Centers for Medicare and Medicaid
Services (CMS)**

**U.S. Department of Health and
Human Services**

<http://www.cms.gov>
877-267-2323
TTY: 866-226-1819

CMS is the federal government agency responsible for the Medicare and Medicaid health insurance programs. CMS offers information about Medicare and Medicaid coverage.

**CARF, the Rehabilitation
Accreditation Commission**

<http://www.carf.org>
520-325-1044, voice and TTY

CARF is an independent, not-for-profit organization that reviews and accredits rehabilitation facilities to help ensure high-quality care and the best possible outcomes. CARF's Web site includes a list of accredited rehabilitation programs that can be searched by state and program type. Click on the "Search for a Provider" link from the home page.

DisabilityInfo.gov

<http://www.disabilityinfo.gov>

DisabilityInfo.gov is a comprehensive federal Web site of disability-related government resources. It offers information about employment, housing, transportation, technology, and other topics.

Disability Resources

<http://www.disabilityresources.org>

Disability Resources is a nonprofit group that seeks to promote and improve awareness, availability, and accessibility of information to help people with disabilities live independently. Its Web site includes information about government agencies and non-profit organizations, publications, databases, and online guides.

Independent Living Research Utilization (ILRU)

<http://www.ilru.org>

713-520-0232

TTY: 713-520-5136

ILRU is a national center for information, training, research, and technical assistance in the area of independent living. Its Web site offers a national directory of independent living centers and information about living independently with a disability.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

<http://www.jcaho.org/qualitycheck/directry/directry.asp>

630-792-5000, 8 a.m. to 5 p.m.,
Central Time

JCAHO looks at how well health care programs, including rehabilitation programs, meet standards of quality in care. JCAHO's Web site includes the accreditation scores, or "status," of rehabilitation and other health care organizations.

Medical Rehabilitation Education Foundation

800-GET-REHAB (800-438-7342),

8 a.m. to 8 p.m. Eastern Time

TTY: 800-688-6167

The Medical Rehabilitation Education Foundation provides information about the benefits of medical rehabilitation and refers callers to rehabilitation providers nationwide.

National Clearinghouse of Rehabilitation Training Materials (NCRTM)

<http://www.nchrtm.okstate.edu>

800-223-5219

TTY: 405-744-2002

NCRTM is a federally funded clearinghouse that provides a variety of educational and training materials to the rehabilitation community. Its Web site offers links to other disability and rehabilitation-related sites.

National Institute on Disability and Rehabilitation Research (NIDRR)

U.S. Department of Education

<http://www.ed.gov/about/offices/list/ose/nidrr/index.html?src=mr>

202-205-8134

TTY: 202-205-4475

NIDRR provides leadership and support for research related to the rehabilitation of people with disabilities.

National Multiple Sclerosis Society (NMSS)

<http://www.nmss.org>

1-800 FIGHT MS (1-800-344-4867)

The mission of the National Multiple Sclerosis Society is to end the devastating effects of MS. The Society promotes research, education, and advocacy for the newly diagnosed and those living with MS over time.

National Rehabilitation Information Center (NARIC)

<http://www.naric.com>

800-346-2742

TTY: 301-495-5626

NARIC is a federally funded library and information center concerned with disability and rehabilitation. It offers disability-related information, resources, and access to research findings.

National Spinal Cord Injury Association (NSCIA)

<http://www.spinalcord.org>

Toll-free helpline: 800-962-9629

The National Spinal Cord Injury Association is dedicated to improving the quality of life for individuals living with spinal cord injury and disease and their families. They strive to educate and empower individuals with spinal cord injury and disease to maintain independence, health, and personal fulfillment.

National Stroke Association

<http://199.239.30.192/NationalStroke/Default.htm>

1-800-STROKES (1-800-787-6537)

The leading resource for stroke, the mission of the National Stroke Association is to reduce the incidence and impact of stroke, improve quality of care, and increase patient outcomes. They provide education, services and community-based activities in prevention, treatment, rehabilitation and recovery.

National Therapeutic Recreation Society

<http://www.nrpa.org>

703-858-0784

The National Therapeutic Recreation Society (NTRS) is an organization for those interested in the provision of therapeutic recreation services for people with disabilities. NTRS is a branch of the National Recreation and Park Association (NRPA).

Nursing Home Compare

<http://www.medicare.gov/nhcompare/home.asp>
800-MEDICARE (800-633-4227)

This Web site was created by the federal Centers for Medicare and Medicaid Services (CMS), which runs the Medicare and Medicaid programs. It helps consumers to find nursing homes in specific geographic areas.

Office of Disability Employment Policy (ODEP)**U.S. Department of Labor**

<http://www.dol.gov/odep/>
866-633-7365
TTY: 877-889-5627

ODEP works to increase employment opportunities for adults and youth with disabilities. Its Web site includes facts sheets and other publications about employment of persons with disabilities, links to employers that wish to hire persons with disabilities, and information about employment-related programs.

Rehabilitative Services**Administration (RSA)****U.S. Department of Education**

<http://www.ed.gov/about/offices/list/ose/rsa/index.html>
202-205-5482

RSA oversees programs that help people with disabilities live independently by providing counseling, job training, and other services. The RSA Web site includes infor-

mation on funded studies and research statistics.

Social Security Administration (SSA)

<http://www.ssa.gov>
800-772-1213, 7 a.m. to 7 p.m.,
Monday - Friday
TTY: 1-800-325-0778, 7 a.m. to 7 p.m.,
Monday - Friday

SSA offers information about Social Security Disability Insurance (SSDI) and other benefits that persons with disabilities may be eligible for. SSA's Web site includes contact information and Web sites for state rehabilitation services departments or vocational rehabilitation offices at <http://www.ssa.gov/disability>

State Vocational Rehabilitation Services Departments

These individual state departments will have helpful information on state programs for people with disabilities, as well as job and rehabilitation information. Each state will offer different services and resources. Following is a list of the contact information for each of the 50 states and the District of Columbia:

Alabama

<http://www.rehab.state.al.us>
800-441-7607

Alaska

<http://www.labor.state.ak.us/dvr/home.htm>
800-478-2815

Arizona

<http://www.de.state.az.us/rsa/default.asp>
602-542-3332
TTY: 602-542-6049

Arkansas

<http://www.arsinfo.net/index.html>
501-296-1600
TTY: 501-296-1669

California

<http://www.rehab.cahwnet.gov/>
916-263-8981
TTY: 916-263-7477

Colorado

http://www.cdhs.state.co.us/ods/dvr/ods_dvr1.html
303-866-4150

Connecticut

<http://www.brs.state.ct.us/index.html>
800-537-2549
TTY: 860-424-4839

Delaware

<http://www.delawareworks.com/divisions/dvr/welcome.htm>
302-761-8275
TTY: 302-761-6611

District of Columbia

<http://dhs.dc.gov/info/rehabservices.shtm>
202-442-8400
TTY: 202-442-8600

Florida

<http://www.rehabworks.org/>
800-451-4327 (voice and TTY)

Georgia

<http://www.vocrehabga.org/>
404-232-3910
TTY: 404-232-3911

Hawaii

<http://www.state.hi.us/dhs/>
808-692-7722

Idaho

<http://www2.state.id.us/idvr/>
208-334-3390

Illinois

<http://www.dhs.state.il.us/ors/>
800-843-6154
TTY: 800-447-6404

Indiana

<http://www.state.in.us/fssa/servicedisabl/>
317-232-1252

Iowa

<http://www.dvrs.state.ia.us/>
515-281-4211 (voice and TTY)

Kansas

<http://www.srskansas.org/rehab/index.htm>
888-369-4777
Relay: 800-766-3777

Kentucky

http://www.glasgowbarren.com/glas_acc/vrehab/pages/reachus.htm
502-651-5147

Louisiana

<http://www.dss.state.la.us/offlrs/index.htm>
800-737-2958

Maine

<http://www.state.me.us/rehab/>
 800-698-4440
 TTY: 888-755-0023

Maryland

<http://www.dors.state.md.us/>
 888-554-0334

Massachusetts

<http://www.state.ma.us/mrc/>
 800-245-6543 (voice and TTY)

Michigan

<http://www.michigan.gov/mdcd/0,1607,7-122-25392---,00.html>
 866-MY-GOALS

Minnesota

<http://www.mnwfc.org/programs/vorehab.htm>
 800-328-9095
 TTY: 800-657-3973

Mississippi

<http://www.mdrs.state.ms.us>
 800-962-2230

Missouri

<http://www.vr.dese.state.mo.us/vr/co/VRWeb site.nsf>
 877-222-8963
 TTY: 573-751-0881

Montana

http://www.dphhs.state.mt.us/dsd/govt_programs/vrp/
 877-296-1197
 TTY: 406-444-2590

Nebraska

<http://www.vocrehab.state.ne.us/>
 402-471-3644

Nevada

<http://detr.state.nv.us/rehab/index.htm>
 775-684-4040
 TTY: 775-684-8400

New Hampshire

<http://www.ed.state.nh.us/VR/>
 800-299-1647
 TTY: 603-271-3471

New Jersey

<http://www.state.nj.us/humanservices/disable/index.html>
 888-285-3036

New Mexico

<http://www.dvrgetsjobs.com/Public/Index.asp>
 877-475-8226 (voice and TTY)

New York

<http://www.vesid.nysed.gov/>
 800-222-JOBS(5627)

North Carolina

<http://dvr.dhhs.state.nc.us/>
 919-855-3500

North Dakota

<http://lnotes.state.nd.us/dhs/dhsweb.nsf/ServicePages/DisabilityServices>
 800-755-8529
 TTY: 701-328-8968

Ohio

<http://www.state.oh.us/rsc/>
 614-438-1200 (voice and TTY)

Oklahoma

<http://www.okrehab.org/>
800-845-8476

Oregon

<http://www.dhs.state.or.us/disabilities/>
503-945-5944
TTY: 503-947-5330

Pennsylvania

800-442-6351
<http://www.dli.state.pa.us/landi/cwp/view.asp?a=195&Q=68442&landiRNavradC6865=|&landiRNavradC1381=|>
TTY: 800-233-3008

Rhode Island

<http://www.ors.state.ri.us/>
401-421-7005
TTY: 401-421-7016

South Carolina

<http://www.scvrd.net/scvrinfo.htm>
803-896-6500

South Dakota

<http://www.state.sd.us/dhs/drs/>
605-773-3195

Tennessee

<http://www.state.tn.us/humanserv/VRServices.html>
615-313-4714 (voice and TTY)

Texas

<http://www.rehab.state.tx.us/index.html>
800-628-5115

Utah

<http://www.usor.utah.gov>
800-473-7530

Vermont

<http://www.vocrehabvermont.org/>
866-VRWORKS (866-879-6757) (voice and TTY)

Virginia

<http://www.vadrs.org/>
800-552-5019 (voice and TTY)

Washington

<http://www1.dshs.wa.gov/dvr/>
800-637-5627 (voice and TTY)

West Virginia

<http://www.wvdrs.org/>
800-642-8207

Wisconsin

<http://www.dwd.state.wi.us/dvr/>
800-442-3477
TTY: 888-877-5939

Wyoming

<http://dwsweb.state.wy.us/vr.asp>
307-777-7389

United Cerebral Palsy (UCP)

<http://www.ucp.org/>
800-872-5827
TTY: 202-973-7197

The United Cerebral Palsy is the leading source of information for individuals with cerebral palsy. They advocate for the rights of persons with disabilities and strive to advance the independence and productivity of people with disabilities.



National
Rehabilitation
Hospital

MedStar Research
Institute

NRH Research Division

MedStar Health

Center for Health & Disability Research
102 Irving Street, NW
Washington, DC 20010-2949
www.nrhchdr.org