AgingWisely®

Comprehensive Care Management and Consultation

Discharge Planning Checklist: Basics for Transition to a Rehabilitation Facility

Choosing a Facility:

- List of options: who can handle your diagnosis and needs (i.e. tube feeding, dialysis, specialty skills)? Who takes your insurance (see payment category for more)? Bed availability?
- Quality: review surveys, Medicare.gov, tour/ask questions and/or get expertise from a geriatric care manager about the quality/management of the facility and expertise and outcomes for your diagnosis/situation.
- What type of special services or therapies are available for your condition?
- Location: will someone be visiting regularly and how reasonable is the commute?
- Personal details/preferences: activities, room type/appearance (i.e. private room availability), food, doctor options, distance from outside services, etc.
- Find out if your doctor will be able to follow you during your stay or what options you have for coverage at the facility. You may also want to ask about specialist availability (many facilities offer on-site visits for certain specialties) or arrangements for going out to see specialists/follow-up appointments. Who will be on your rehabilitation care team (types of therapists, physiatrist, social worker, etc.)?

Payment/Insurance Coverage:

- Medicare A: if you have traditional Medicare, you will most likely be covered under Medicare A's rehabilitation coverage (100% for up to 20 days, with an additional possibility of 80 days with a co-pay, often covered by a Medicare supplement, during a benefit period). Understand your coverage and potential costs. *You have to be admitted to the hospital (not "under observation") for 3 days to qualify for Medicare A inpatient rehabilitation coverage.*
- Medicare Advantage or private insurance: does the facility accept the insurance plan? how much coverage do you have and how is the length of stay/coverage determined? what co-pays or other expenses will you incur?
- How long does your medical team expect you will need inpatient rehabilitation? What is the process for care planning and assessing progress?
- Will your insurance cover additional rehabilitation or nursing services after your inpatient rehabilitation (home health or outpatient)?
- If you need extensive rehabilitation or skilled services, are you eligible for hospital/acute care rehabilitation (typically covered under hospital "days" for insurance, which may allow you longer total coverage)?

Making a smooth transition:

At the hospital:

- How will information be communicated to the rehabilitation facility? Can you (or your advocate) review the paperwork for discharge/transition and compare to your medical history, etc. (any concerns regarding medications and treatments, is information correctly recorded)?

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- Get a copy of your transition paperwork and a summary of information from the hospitalization, along with medication list. You or your advocate should update your personal health records and double check this information on your chart upon arrival at the rehabilitation facility. Ask about anything that is not clear or appears different than you expected. *Summary of information from hospital stay: doctor who handled hospitalization, procedures done, date of admission and discharge, reason for admission, diagnoses, medications/treatment changes, post-discharge treatment plan.
- Find out about transportation and timing of the transition (work with staff to try to avoid late or weekend discharge, think about meal times, shift changes, etc.). Ask about costs for various transportation options.
- Make sure paperwork is sent over to facility to be prepared. Are there any medical equipment or special needs and have those been communicated so the facility will be ready?
- Do you know about your follow up appointments or any scheduled treatments?

Arriving at the rehabilitation facility:

- Pack some basic items for the initial transition (have a loved one/friend/care manager help to get the items to you to transport to the facility or take directly there). Ask the facility about items needed and what not to bring. Most likely you will want some comfortable, easy clothes for therapy as well as nightclothes and some comfort items (reading material, puzzle books, extra blanket, robe). Other items to consider: cell phone and charger, notebook and pen, non-skid slipper/socks, shower shoes, toiletry items.
- You will have admissions paperwork to complete. Ask staff about information you need to provide (such as insurance cards and advance directives).
- Meet staff and get to know key people at the rehabilitation facility. Make notes of contact persons and "how to reach who for what". Make sure that your emergency contact information is listed on the facility chart (your healthcare surrogate and/or care manager).
- Find out about the intended schedule and what to expect. Ask staff about the assessment process and when you will begin rehabilitation and what type of schedule to expect for therapies and the daily routine.
- Check that paperwork has arrived, medicines (and other treatments, dietary and activity restrictions, monitoring needs) are correct and that everything is documented on the chart.
- When will the initial patient care plan meeting be held? Family/advocate should plan to attend and let the facility know to ensure the information is communicated.
- If the patient missed a meal due to transition timing, ask staff about getting a meal/snack upon arrival.
- Plan for someone to be there (family member, care manager) to help get settled in by unpacking items, orienting to the facility, checking on the above items and helping to complete paperwork. Staff support and timing of visits (i.e. for initial assessments) may vary.

Looking for expert help to ensure a smooth transition, help picking the best rehabilitation options, healthcare advocacy? ***Give us a call anytime at 727-447-5845 or contact our Senior Care Consultant at susantalbott@agingwisely.com.***

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