Post-Discharge Facilities: Benefits and Requirements

Your medical team may recommend that you receive services at home or continue your care at another facility when you are ready for discharge. Below is a description of the main types of facilities. Each facility has medical and insurance requirements for accepting patients. Your case manager and social worker will assist you in making arrangements once your medical team determines the best fit for you.

Home

There is no place like home. The care teams at UCLA will evaluate your ability to go home, and will aim to get you there if possible.

Acute Rehab

Acute rehabilitation provides comprehensive and highly focused programs of care designed to restore strength, improve physical and cognitive function, and promote independence in daily activities.

Skilled Nursing

A Skilled Nursing Facility provides a care team for individualized care in a comfortable and friendly environment. The care teams work with patients and families to determine the optimal treatment plan.

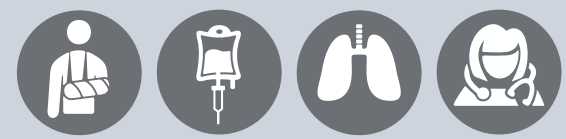
Home Health

Home health provides additional care to you by providing specialized services in your home.

Sub-Acute Rehab

Sub-Acute Rehabilitation facilities provide services that aid in the transition from hospital to home. Care can be provided to patients who require a ventilator or other respiratory support as well as nutritional care.

Long-Term Acute Care



LTACs are facilities that transition care from the hospital for medically complex patients who would benefit from an extended recovery time.

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Insurance companies contract with specific facilities, and along with their bed availability at the time of your discharge, will determine what choices you have if you will need further care after your hospital stay. We highly recommend you reach out to your insurance provider and understand your benefits as early as possible. Specialty facilities have specific clinical requirements for the type of patients they accept, shown below.

Home

- The only requirements here are that your physician determines that you can be safely discharged from the hospital and return home, however you may require further services on an outpatient basis, such as physical or occupational therapy

Acute Rehab

- Requirements include active intervention of multiple therapy disciplines (physical, occupational, speech, etc.), generally 3 hours of therapy per day at least 5 days per week, and the patient must be seen by a rehabilitation physician at least 3 days per week
- Patients must make measurable improvements, which must be documented by the care team

Skilled Nursing

- Requirements include the need for daily skilled nursing care from a hospital-related medical condition
- Other services that may be offered in a Skilled Nursing Facility include physical therapy, occupational therapy, speech therapy, and audiology

Home Health

- No requirements (since these services are provided in your home), but services may include skilled nursing, physical therapy, occupational therapy, speech therapy, and social work
- If you receive certain therapy on an outpatient basis you may not qualify for home health services

Sub-Acute Rehab

- Patient medical requirements may include specialty services such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management
- Other requirements and services may include inpatient physical therapy, occupational therapy, or speech therapy for greater than 2 hours per day, 5 days per week

Long-Term Acute Care

- Patient medical requirements may include respiratory complexity, wound care,complex medical care, multiple chronic conditions, ventilator weaning and pain management
- Patients in this setting typically stay for an extended period of time, on average more than 25 days

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