

About Medical Care

What is rehabilitation?

Once a person has become medically stable after a brain injury, the physician may recommend further or outpatient rehabilitation therapy. Rehabilitation refers to comprehensive services of treatment interventions for a physical, medical, cognitive and psychological disabilities designed to restore a person to his or her maximum function potential. Rehabilitation can be provided in the home or in a rehabilitation facility.

While rehabilitation cannot “cure” the brain injury, it can help a person regain function that was affected by the brain injury. By gaining in functioning abilities, patients can benefit through an improved length and quality of life, increased independence and restored earning power, society at large benefits because patients need less government assistance due to disability.

Ongoing medical issues will continue to be monitored during rehabilitation. The psychiatrist (doctor in rehabilitation medicine) may make referrals to other specialty within further medical expertise is indicated.

What are therapies of services in rehabilitation?

Rehabilitation therapies include physical therapy occupational therapy speech/language pathology, educational therapy, counseling and clinical psychology. Typically a physiatrist leads the team of rehabilitation therapists. The treatment team designs a rehabilitation program for each individual based on his/her special needs and goals. Initial goals usually focus on an individual’s ability to manage basic self-care activities, such as eating, dressing, bathing, etc.

Are all rehabilitation programs the same? Comprehensive rehabilitation program offers a combination of services at one location, thereby allowing the patient to progress from one level of care to another with out having to become acquainted with a new facility or staff. A program that has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) has met specific standards of quality.

What about the cost of rehabilitation? While studies show that rehabilitation can substantially reduce the length of stay and the needs for readiness, often insurance or governmental funded health care programs are limited to medically necessary care only. They do not approve rehabilitation services designed to restore the patient to the level of ability required for independent living. It is important to have a clear picture of what services will meet the needs of the patient prior to initiating any program plan. It is important to work with your insurance carrier to know what services will be covered and for how long.

Many insurance companies, as well as government programs, are adopting managed care plans as a way to provide care, while at the same time controlling costs. In these plans, the role of gatekeeper or primary care physician is crucial, as that person may be the one who determines if your family member receives recommended rehabilitation services.

Review your insurance policy, particularly with regard to the following:

- A. Does the plan cover the following therapies?
 - Occupational
 - Physical
 - Speech Language
 - Cognitive
 - Behavioral
- B. Does the plan limit therapies by days or amounts?
- C. Does the plan cover services only when provided in a rehabilitation facility, or could those same therapies be provided in your home?
- D. What are the steps required for due process for members should you wish to challenge payment decisions for health or rehabilitation care?

The NM Department of Insurance consumer affairs number 1-800-947-4722. You may call that number if you have problems or questions regarding your health insurance company.

Whether you have or do not have insurance, you may need some assistance from the federal or state government. Later sections in this folder contain additional information about federal and state resources. It is recommended that you:

Contact your county division of Income Support Division office to determine eligibility for Medicaid, and/or income maintenance, and food stamps. Some individuals whom are injured will need rehabilitation and long term care or supports for a period of time after hospital discharge, and others may need them over a lifetime. Insurance may not cover all of these services. Contact New Mexico's Income Support Division office at (505) 827-7750 or <http://www.hsd.state.nm.us/>.

Make application with the Social Security Administration for social security disability income (SSDI) and/or Supplemental Security Income (SSI). Contact 1-800-772-1213 or <http://www.socialsecurity.gov/>

What happens after Rehabilitation?

Discharge or long range planning should begin even before the patient undertakes a rehabilitation program. All patients recover at their own pace. Often the patient may appear to reach a plateau, in which little progress is apparent. While it may not be possible to accurately predict the outcome, options can be developed and reasonable goals established from the beginning. Discussing your goals with rehabilitation professionals and understanding the patients functioning abilities is important every step of the way. Assistance in planning and coordinating services is available from state agencies such as the Department of Health (505) 827-2613) Aging and Long-Term Services 1 800 432-2080.