Discharge Dispositions - Overview of Options

Independent

Home without additional needs

Home with home care

PT/OT	Nursing
Wound care	Home Health Aid (HHA)

Assisted living facility

Inpatient substance abuse rehabilitation

Shelter for undomiciled patients

Non-independent

Skilled nursing facility (SNF) for daily billable need (IV antibiotics or wound care)

Subacute Rehabilitation (SAR)- 1 hour of PT/OT/SLP per day

Inpatient/Acute rehabilitation - 3 hours of PT/OT/SLP per day

LTACH for ventilator weaning or complex wound care

Special Situations

Inpatient psychiatric facility for patients requiring supervised psychiatric care (can be independent or not)

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Discharge Dispositions - SAR Process

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Discharge Dispositions - Deep Dive

Not Independent

Acute Inpatient Rehabilitation (ACIR)

- Recommended by PT, OT, and SLP (requires two disciplines to recommend this level of care) –Most of the time at least PT is required
- **Patient must be able to tolerate 3 hours of therapy per day**
- Internal ACIR Requires PM&R consult & Outside ACIR's CM/SW will connect with liaisons
- ACIRs are sometimes units within a hospital, but not always and can be freestanding rehabs.
- Length of stay ~ 7-10 days (exceptions: stroke or spinal cord injuries ~ 3-4 weeks)
- Typically paid for by insurance, though some patients may have a co-pay; need pre-auth/clearance before transfer—handled by admissions office of ACIR

Sub-Acute Rehabilitation (SAR)*

- Recommended by PT, OT, or SLP
- **Patient can tolerate up to 60 min of therapy per day, 5 days per week**
- Located at independent nursing/rehabilitation facilities
- Length of stay ~ 21 to 30 days (insurance will typically stop paying after 21 days and the pt can continue to pay privately, discharge home, or transition to long-term care)
- Typically paid for by insurance, though some patients may have a co-pay; needs insurance auth prior to final acceptance
- Medicare patients get 100 days/year -first 20 completely covered, then 80 with a copay or covered by secondary insurance
- Staffing
    - Daytime nursing staffing (LCN, not RN): 1 nurse to 20 patients
    - Nighttime nursing staffing (LCN, not RN): 1 nurse to 40 patients
    - Physician required to see a patient within 48 hours and then every 30 days
- **PCP apt not covered, but all subspecialities are covered & transport arranged by facility**

Skilled Nursing Facility (SNF)*

- **Requires a billable skilled need (at least once daily) such as wound care, IV antibiotics**
- Located at independent nursing/rehabilitation facilities
- Length of stay depends on the need (i.e., patient needs 6 weeks of IV abx, they will stay for the entirety of the course)
- Typically paid for by insurance, though some patients may have a co-pay
- Usually covered by Medicaid

Long-Term Acute Care Hospital (LTACH)

- Specialized inpatient facility for complex medical conditions aka lateral transfer
- **Includes ventilator weaning, complex wound care, long-term IV antibiotics**
- Bridge between the acute care hospital and lower levels of care, such as inpatient rehabilitation or skilled nursing facilities, for patients who are too medically fragile for discharge but no longer require the full resources of an acute care hospital.
- Provider in house 24/7

***2-Midnight Rule:** Must have an acute hospital stay that meets the two midnight rule to qualify for Medicare coverage of SAR or SNF care

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Long-Term Care Facility (LTC)

- Requires 3871B form, which medical team needs to review/sign. This form is then submitted to determine necessity for this level of care. Can take up to 7 days to receive a response
- Typically, the patient initiates care as a SNF or SAR patient and then will transition to LTC after 21 days or insurance stops paying
- Requires family to provide extensive financial materials
- Length of stay depends on the need, can be lifetime

Note: SAR, SNF, and LTC may be located at the same facility and the names are often interchanged, though the patient qualifies for the care in different ways.
Typical barriers: sitter/restraints have to be removed for 24 hours prior to discharging to facility

Independent

Assisted Living Facility (ALF)

- **Private pay**
- Sometimes at a facility-type setting, though often in a house with few residents
- Requires forms to be completed by medical team
- Patients with low income will often need to contribute their full income to the ALF
- Typically provided with all of their care needs (meals, transportation, medication management, money management)

Home Care

- Requires a patient has stable housing
- Various home care orders available: durable medical equipment (DME), PT, OT, SLP, social work, oxygen, skilled nursing (i.e. wound care, IV abx, trach, foley, PEG)
- Consult with your home care coordinator who can assist in determining whether patient meets admission criteria, insurance coverage, and availability of service provider
- Requires medical team to place home care orders; Insurance typically pays, but patient may have co-pay (ex. IV abx, enteral feeding)

Inpatient Substance Abuse Rehab

- Structured, 24/7 residential program that provides medical care, therapy, and support to help individuals safely detox and begin long-term recovery from substance use disorders

Shelter

- For undomiciled patients
- May require the provider to fill out Shelter Packet

Special Situations

Inpatient Psychiatric Treatment

- Licensed hospital or distinct unit within a hospital that provides **24-hour, supervised psychiatric care** to patients with acute mental health conditions who require a level of care that cannot be safely managed in an outpatient or less restrictive setting
- Can be voluntary or involuntary, patients can be independent or not independent
- 190-day lifetime limit for Medicare patients in free-standing facilities (does not apply to in-hospital units)
- Many states have limits on Medicaid funding for free-standing facilities, so often these patient must go to hospital-based psychiatric unit

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Disposition	Independent?	Patient Requirements to Qualify	Therapy Hours	Length of Stay	Payment Structure	Setting / Location	Staffing / Provider Coverage	Specialty Services / Notes
Acute Inpatient Rehabilitation (ACIR)	No	Recommended by at least 2 disciplines (PT, OT, SLP); PT almost always required; must tolerate 3 hrs therapy/day	3 hours/day	~7-10 days (stroke/spinal cord injury: ~3-4 weeks)	Insurance (co-pay possible); requires pre-authorization/clearance before transfer, handled by ACIR admissions office	Hospital-based unit or freestanding rehab facility	Physician visits at least 3x/week (often daily), 24/hr RN: 1:5-1:10	Internal ACIR requires PM consult; outside ACIRs use CM/SW liaisons
Sub-Acute Rehabilitation (SAR)	No	Recommended by PT, OT, or SLP (1 discipline sufficient); must tolerate up to 60 min therapy/day	Up to 60 min/day, 5 days/week	~21-30 days (insurance typically stops at 21 days; patient may pay privately, go home, or transition to LTC)	Insurance (co-pay possible); needs insurance auth prior to acceptance (MCOs difficult); Medicare: 100 days/yr; first 20 fully covered, days 21-100 with copay or secondary insurance	Independent nursing/rehab facilities	Day nursing (LCN): 1:20; Night nursing (LCN): 1:40; Physician visit within 48 hrs then every 30 days; PCP appt not covered (specialists are covered)	SAR, SNF, and LTC may be at the same facility; two-midnight rule required for Medicare coverage; sitter/restraints must be removed 24 hrs prior to transfer
Skilled Nursing Facility (SNF)	No	Requires a billable skilled need at least once daily (e.g., wound care, IV antibiotics)	N/A (skilled nursing, not therapy-focused)	Depends on need (e.g., full course of IV abx)	Insurance (co-pay possible); usually covered by Medicaid	Independent nursing/rehab facilities	Similar to LTC but with more skilled nursing visits & more intensive PT/OT/SLP	Two-midnight rule applies for Medicare; may be co-located with SAR/LTC
Long-Term Acute Care Hospital (LTACH)	No	Too medically fragile for lower levels of care but no longer requires full acute care hospital resources (lateral transfer)	N/A	Depends on medical complexity	Insurance; considered a hospital-level transfer	Specialized inpatient facility	Provider in-house 24/7	Ventilator weaning, complex wound care, long-term IV antibiotics; bridge between acute hospital and rehab/SNF
Long-Term Care Facility (LTC)	No	Requires 3871B form (reviewed/signed by medical team, submitted to Telligen, up to 7 days for response); family must provide extensive financial materials	N/A	Depends on need; can be lifetime	Typically transitions from SNF/SAR after 21 days or when insurance stops; patient pays out of pocket or Medicaid covers	Independent nursing/rehab facilities (may be same site as SAR/SNF)	No provider in-house 24/7; RN present 8 hours/day; physician admission visit (within 72 hrs of admission), then 1 visit q30days for first 90 days, then 1 visit q60days	Often entered after SNF or SAR stay; if no billable skilled need, patient must self-pay or use Medicaid
Assisted Living Facility (ALF)	Yes	Health Care Practitioner Physical Assessment and Public Assistance to Adults forms completed by medical team	N/A	Depends on need; can be long-term	Private pay; low-income patients may contribute full income to ALF	Facility-type setting or small residential home	N/A	Provides meals, transportation, medication management, money management
Home Care	Yes	Stable housing required; medical team places home care orders; consult home care coordinator for criteria, insurance, and availability	Varies (PT, OT, SLP available as ordered)	Varies by orders	Insurance typically pays; patient may have co-pay (e.g., IV abx, enteral feeding)	Patient's home	N/A	DME, PT, OT, SLP, social work, oxygen, skilled nursing (wound care, IV abx, new trach, foley, new PEG)
Inpatient Substance Abuse Rehab	Yes	Substance use disorder requiring detox and recovery support	Therapy and support	Varies	Varies	Structured 24/7 residential program	Medical care on-site	Safe detox and long-term recovery initiation
Shelter	Yes	Undomiciled patients; provider may need to complete Shelter Packet	N/A	N/A	N/A	Community shelter	N/A	
Inpatient Psychiatric Rehab	Yes or No	Acute mental health condition requiring a level of care that cannot be safely managed in an outpatient or less restrictive setting; can be voluntary or involuntary	N/A	Varies; 190-day lifetime limit for Medicare patients in free-standing facilities (does not apply to in-hospital units)	Insurance typically pays; many states have limited Medicaid coverage for free-standing units	Licensed free-standing hospital or distinct unit within a hospital	24/7 supervised psychiatric care	In-hospital psychiatric units: more robust services (PT, IV medications, med/surg consults, etc.); Free-standing units: more limited with only basic nursing care. All psych units have social work.

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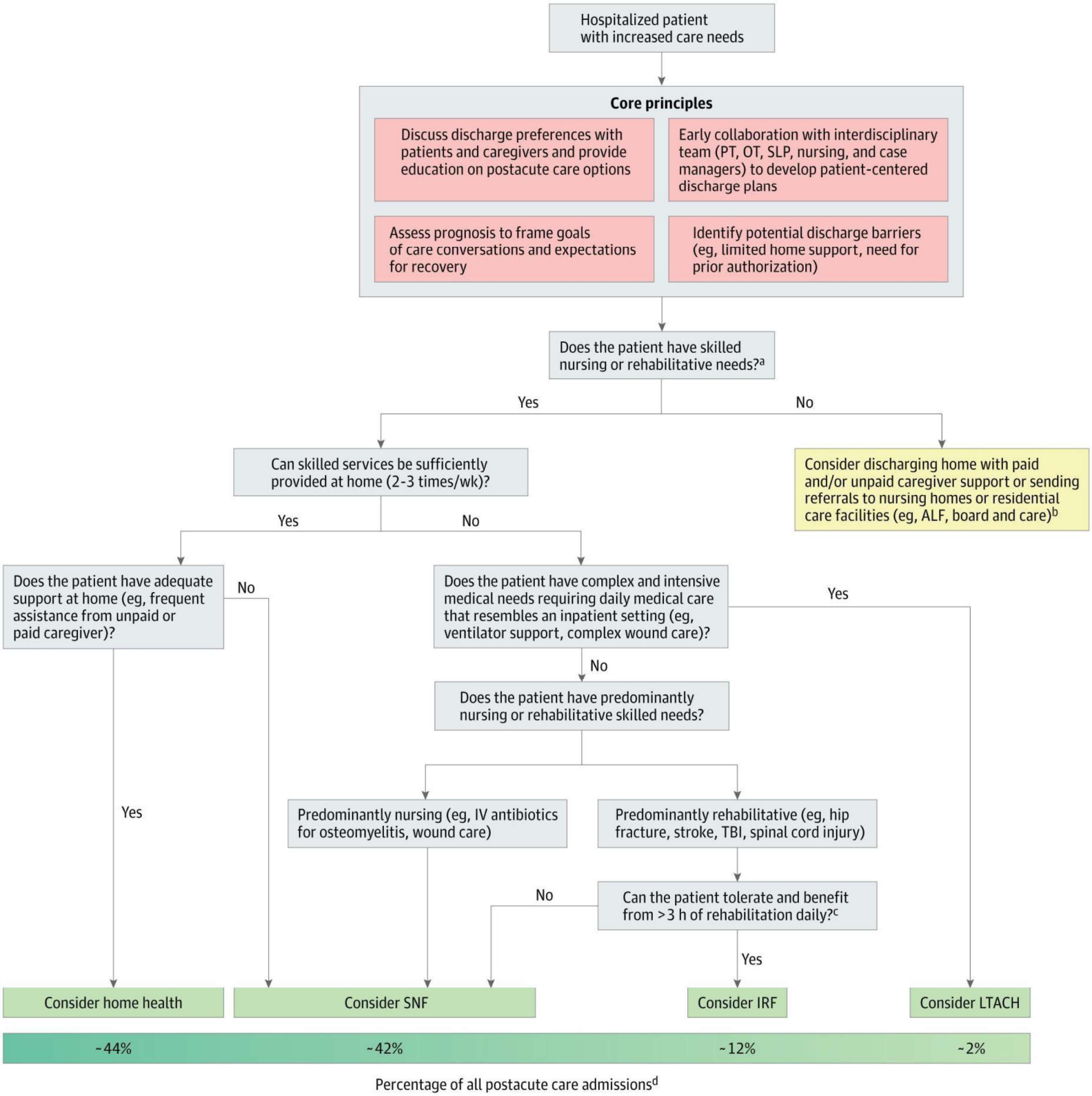
Discharge Disposition Decision Tree



Deardorff WJ, Burke RE, Makam AN. Navigating Postacute Care Options for Patients After Hospital Discharge: A Review. *JAMA Intern Med.* 2026;186(3):362–373. doi:10.1001/jamainternmed.2025.7422