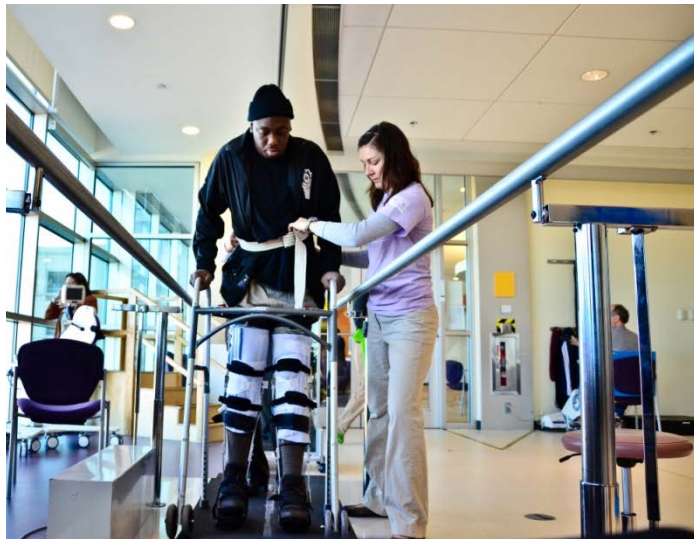


# Habilitation: Obtaining ongoing therapy services

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# Objectives

- Discuss the difference between habilitation and rehabilitation
- How to determine your therapy benefits
- Strategies for maximizing a limited therapy benefit

# Rehabilitation and Habilitation

- Rehabilitation

- Regaining skills, or abilities, that may have been lost or compromised as a result of acquiring a disability.

- Habilitation

- Help a person with a disability keep, learn, or improve skills and functioning for daily living

# Habilitation

Rehabilitation and Habilitation  
hand in hand  
Children with AFM  
young, growing and developing

There are always habilitation goals

But

Limited number of therapy visits

# Know Your Benefits

- Call the customer service number
  - Insurance card, Medicaid /CHIP Card
- Request a case manager
  - Children with special health care needs
  - Create a brief narrative about you child
  - Explain AFM and your child's disability
  - Keep case manager informed

# Know Your Benefits

- Outpatient Rehabilitation Benefit
  - How many visits per year ?
  - PT and OT visits combined or separate?
  - “Soft cap”- “X” visits and additional if medically necessary?
  - Unlimited visits as medically necessary?

# Obtaining Additional Therapy Visits

- Often Difficult:
  - Talk your employee HR department
  - Can you change insurance
  - Can you convert inpatient days to outpatient visits
  - Soft cap-therapist can write LMN for additional visit

# Know Your Benefits

- Inpatient Rehabilitation Benefit
  - One time inpatient rehabilitation benefit per diagnosis?
  - Annual rehabilitation benefit?
    - how many days?
  - Rehabilitation days if medically necessary?



# Planning

- At a minimum-annual evaluation
  - Medical team leader
  - Physical therapy, Occupational therapy, Speech therapy
- Discuss goals for rehabilitation
  - Make a plan for how to distribute your therapy visits
- Evaluate the fit and function of orthotics
- Are there upcoming procedures planned
  - Benefit from intensive inpatient rehabilitation.

# Inpatient Rehabilitation

- Initial rehabilitation stay post diagnosis of AFM
- Medical management
  - Ventilator weaning
  - Immediate post-operative

# Inpatient Rehabilitation

- Planned admission for intensive therapy
  - Delayed postoperative admission
    - When nerve transfers are expected to begin working
    - When mobility restrictions have been lifted
  - Surgical planning
    - Ask surgeon to request inpatient rehabilitation
    - Ask when mobility restriction will be lifted
  - Rehabilitation evaluation prior to surgery
    - Have a plan for when rehabilitation will start
    - Goals for intensive inpatient therapy

# Inpatient Rehabilitation

- Rehabilitation program
  - Obtain prior authorization
    - About 1 month prior to proposed admission
    - Prior authorization letter
      - Use disability diagnosis caused by AFM
      - Prior progress that has been made
      - Goals for the inpatient admission
      - Increased intensity during inpatient
      - Number of hours of therapy provided
- Parent
  - Obtain supporting documents from other professionals
    - PCP, surgeon, your outpatient therapists
  - Talk to your case manager- Be very persistent

# Maximizing a Limited Therapy Benefit

- Maximize each therapy visit
  - PT and OT on the same day-
    - Combined therapy counted as one visit
    - Aquatic therapy is generally billed under PT or OT
  - Ask to increase hours for each session-
    - insurance allows multiple hours for visit.

# Maximizing a Limited Therapy Benefit

- Bouts of skilled outpatient therapy
  - Long term bout
    - 2-3 time per week for 8-12 weeks
  - Short Term bout
    - 1-2 week of daily intensive therapy
- At discharge from therapy
  - Written home rehabilitation program
  - Orders for any new equipment needed
  - A plan to return for therapy/revaluation

# Home Therapy Program

- Try to integrate home therapy program in child's routine
  - Tummy time with TV watching
  - Stretches after bath
  - Do homework while standing
- Encourage your child to do as much as possible
  - “Pulling up your pants is activity based therapy”
- Get help with implementation
  - After school care PT/OT/Nursing student
  - Home care nurse

# Add Some Fun

- Childhood activities that can accomplish therapy goals
  - Swimming, singing, crafts, cooking, martial arts, dance
  - Hippotherapy, art therapy, music therapy
- Able bodied or disabled sports



# Final Thoughts

- Be persistent
- Have high expectations for you children
- Encourage them to do as much as they can for themselves
- Find Inspiration

# Have Expectations

## Ed Roberts



- Polio at 14 years old
- Graduated from UC Berkley with a BA and MA in political science
- “Father” of the Independent Living Movement

“There are very few people, even with the most severe disability that can’t take control of their own life. The problem is most people don’t expect it of us.”

# Have Expectations

## Judith Heumann



- Polio at 18 months
- Teacher in NYC
- Special Advisor for International Disability Rights
- June 2010-January 2017
- President: Barack Obama
  
- Assistant Secretary of Education for Special Education and Rehabilitation Services
- June 1993-January 2001
- President: Bill Clinton

“It is no longer acceptable not to have women at the table.  
It is no longer acceptable to not have people of color at the table.  
But... no one thinks to see if the table is accessible.”

# Have Expectations

## Sarah Todd Hammer



AFM 8 years of age  
Rising college freshman  
Author  
Dancer  
Disability advocate

“Dancing with a spinal cord injury is a challenge like no other, but I aspired to prove to myself that I could still be phenomenal dancer even with an SCI”

## Promoting Advocacy for AFM



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