



## Scope of Services - NeuroBehavioral/NeuroRehabilitation Programs

### Purpose

The Neuro-Behavioral/Neuro-Rehabilitation System (NRS) provides a continuum of therapeutically intensive residential settings that focus on neurobehavioral and medical management, neurocognitive rehabilitation and community re-entry readiness through comprehensive assessment and treatment. Programs can be developed for individuals with dual diagnosis including vestibular issues, chronic pain, substance abuse and mood and behavior disorders. Services are provided seven days a week, 24-hours a day. Medical issues, functional abilities and behavioral status are assessed and individualized treatment plans are developed. Success in these areas enables clients to move on to more independent settings. A full complement of therapists, rehabilitation nursing staff and nursing care, along with a robust staff to client ratio, serve to develop each client's treatment program as individually as possible.

### Admission Criteria

A Clinical Pre Admission Screen (PAS) Evaluation is conducted and program acceptance is determined by the following criteria:

- Primary diagnosis of brain injury (other neurologic diagnosis may be considered on a case by case basis)
- Minimum Age: 18 years
- Requires a highly structured and supervised program
- Able to accommodate any level of mobility impairment
- May require moderate to maximum assistance with Activities of Daily Living
- Behavior: Moderate to high intensity/moderate to high frequency behaviors can be managed in this setting. Clients who are actively suicidal, homicidal, chronic elopers, have a history of setting fires, a known history of sexual predatory or pedophile behaviors, or have been charged with a violent crime would be considered for admission on a case by case basis. Exceptions will need to be evaluated and approved by Collage Rehab Partners' Executive Team.
- Prefer not actively engaged in substance use/abuse; will consider individuals actively using substances on a case by case basis with consultation from the Medical Director and client readiness to change.
- Daily nursing available to address treatments or procedures, including tube feedings, tracheostomy care, indwelling and suprapubic foley catheters, injections, and skin care treatments, can be provided but are evaluated on a case by case basis. Clients cannot require intravenous therapy or be ventilator dependent.

Client demonstrates the need for and potential to benefit from a highly structured and supervised program that focuses on one or any combination of:

- Decreasing problematic behaviors (including verbal and physical aggression, property destruction, refusals, elopement, drug and alcohol abuse).
- Increasing the ability to control and redirect problematic behaviors into more positive interactions.
- Identifying the elements, both environmental and medical, that are necessary for mood management and stability.
- Improving functional abilities in areas of cognition, mobility, independent living skills, interpersonal skills, leisure activities and/or vocational/avocational or educational endeavors.
- Increasing cognitive and communication abilities.
- Increasing skills necessary to live safely within the community.

Spinal cord injuries can be admitted with a primary or a secondary diagnosis. Etiology of the SCI could be either traumatic or non-traumatic with incomplete or complete injuries. SCI with ASIA levels A-E would be considered as long as the person was not ventilator dependent and could participate in programming. The completeness and co-morbidities of the SCI will be determined during the intake evaluation process along with the individual's ability to meet the program's admission criteria.

An individual's cultural heritage and needs are incorporated into the admission and treatment planning process. If Collage Rehab Partners is not familiar with a particular culture or background, all efforts will be made to understand, meet and honor the person's cultural heritage within his/her treatment programming.

Collage Rehab Partners does not deny admission to any individual because of his/her race, religion or creed, disability, ancestry, national origin, age, sexual orientation or identity or any other characteristic protected by law.

Financial approval for services required to meet a prospective client's medical and clinical needs must be confirmed prior to admission. Typical funding sources include worker's compensation, auto insurance, limited medical health policies, commercial insurance policies, state trust and waiver programs, state vocational rehabilitation funding, Veterans Administration funding and private pay. Typical referral sources include physicians, insurance companies, external case managers, discharge planners, social workers, individuals and their families.

Every client newly admitted to Collage Rehab Partners must designate a contact person with whom Collage Rehab Partners may manage certain aspects of the client's care, including but not limited to, coordination between care at Collage Rehab Partners and the client's home, transition from care at Collage Rehab Partners, logistics associated with the client's eventual discharge and other related matters. Competent clients are encouraged to designate a health care agent via execution of a power of attorney. Clients without a guardian are also encouraged to designate a health care representative to be included in decision-making processes related to client care should the client be deemed incompetent to do so by the client's physician in the future. The client shall be informed that, should he or she fail to designate a health care representative, family members will be contacted to facilitate medical decision making according to the hierarchy established in State regulations.

All clients intended for admission to a short-term program must have a disposition confirmed prior to admission. While most clients will be more independent upon discharge, the disposition may need to include available supervision to ensure the client's safety. The designated health care agent or representative will be asked to manage certain aspects of the client's care, including, but not limited to, coordination between care at Collage Rehab Partners and the client's home, transition from care at Collage Rehab Partners, logistics associated with the client's eventual discharge and other related matters.

## **Treatment Approaches**

### Medical Management:

- The client's medical needs are assessed prior to admission by the intake evaluator and may require further assessment by a Collage Rehab Partners nurse or physician if medical issues are complex and will require additional support and/or equipment and supplies upon admission. Once admitted, clients are evaluated by a team of physicians to include Psychiatry and Internal Medicine. Other physicians may include neuropsychiatry and neurology. For specialized care, referrals may be made to the community. Each client is assigned a Collage Rehab Partners Registered Nurse who provides ongoing surveillance and nursing care, coordination and education as needed.

### Neurobehavioral Management:

- The client's behavioral treatment needs are evaluated by the clinical team, to include certified behavior analysts on site or in consultation. A significant pattern of problematic behaviors may warrant the development of individualized behavioral strategies and treatment plan. This treatment plan is established through a pre-admission intake evaluation, thorough review of pre-admission information, family interview, detailed observational data collected by the treatment team, and team discussion. Specific behaviors are targeted for intervention, and strategic treatment approaches are employed by all team members. Observational data is collected and analyzed at specific intervals to guide ongoing behavioral programming and discharge planning.
- All staff are trained in behavioral programming and crisis prevention. Treatment environments include one-to-one and group therapy sessions in the residence, as well as training in the community. Family/support system education about the client's individualized behavioral strategies, along with problem-solving and communication strategies, is critical and addressed through regular communication with the case manager, team meetings and family conferences as needed.

### Neurorehabilitation:

- Clinical therapies (e.g. behavior analyst, psychology, neuropsychology, physical therapy, occupational therapy, speech therapy, nursing, therapeutic recreation, etc.) address the client's cognitive and physical barriers and provide the client with essential independent living skills training. Treatment environments include one-to-one and group therapy sessions in the residence, as well as training in the community. Family/support system education about the client's individualized behavioral strategies, along with problem-solving and communication strategies, is critical and addressed through regular communication with the case manager, team meetings and family conferences as needed.

### Awareness and Compensatory Strategies:

- A key component of treatment is the development of the client's awareness of their strengths and barriers. This increased awareness enhances the client's ability to understand and willingness to use necessary compensatory strategies. Techniques employed to increase awareness include brain injury education

groups, frequent orientation and review of individual program goals, and individual awareness and education sessions. Strategies often target problem-solving, behavioral control, coping and mood management, communication, sobriety and daily living skills.

#### Skill/Strategy Development:

- Client progress is measured by gains in functional cognitive, physical, behavioral and social skills. Performance on tasks is closely monitored and tasks are presented with sufficient cueing to ensure success. As progress is made, cueing is reduced and systems are developed to provide the client with an independent or semi-independent routine which can be utilized on a long-term basis in the predicted discharge setting. Once the strategy is established, client and family education are provided to support understanding and consistent implementation.

#### Daily Living Skills:

- Clients work with staff to develop strategies for daily living skills and the development of a stable activity pattern appropriate to the predicted discharge setting.

#### Vocational/Avocational:

- If appropriate, clients may receive a Clinical Vocational PAS to evaluate their readiness for vocational services. These services could include a comprehensive vocational evaluation, participation in work readiness activities, job finding/coaching activities, competitive employment, or a volunteer position in the community.

#### Recreational and Leisure Activity Development:

- Clients work to develop strategies to productively use their free time, identify realistic leisure options and demonstrate socially acceptable behaviors and interactions. Clients are assisted to explore a variety of activities to support the development of a positive leisure lifestyle, both in the residence and the community. Skills such as accessing public transportation, participating in community activities, utilizing free time productively and building relationships through effective social interaction are practiced.

#### Substance Abuse Counseling and Intervention:

- For those clients at risk, an intensive substance abuse education and counseling program can be provided. Using techniques including motivational therapy, cognitive-behavioral therapy, behavioral analysis, Twelve Step Facilitation and information processing therapies, the drug and alcohol counselor, in collaboration with the client and team, develop and support sobriety and recovery plans for drug and alcohol abstinence. While rehabilitation goals remain the primary focus for the client, the drug and alcohol interventions support the client's overall treatment plan. Anticipated outcomes include a clean and sober lifestyle, reduction in at risk and quality of life detracting behaviors, and increased maintenance and generalization of learned adaptive skills and behaviors.

- Collage Rehab Partners' substance abuse education consists of individual counseling, education regarding the effects of substances on people who have sustained brain injuries, participation in local AA/NA meetings, and relapse prevention skill development. A primary focus for these clients is the establishment of a stable activity pattern that includes the social network and support necessary to maintain a sober lifestyle.
- If clients demonstrate an increased risk for substance use / needs cannot be met at the program, community resources for substance abuse counseling will be identified and engaged.

#### Family/Support System:

- The interdisciplinary team provides family/client education, counseling and support and advocacy training to meet the client's goals and treatment plan and/or in preparation for discharge. Services are targeted to develop the family/support system's understanding of brain injury and the compensatory strategies needed. Training occurs through a structured curriculum in addition to individual meetings in the residential setting, in the client's home, and in the community as appropriate.

#### Residential Services:

- As required, Collage Rehab Partners' residential homes are licensed by the State in which they are located. As such, all basic care services are provided, to include: 24-hour supervision monitoring and emergency response; nutritious meals and snacks; medication administration and education; assistance with all activities of daily living. Assistance with all instrumental activities of daily living is also provided, which includes but is not limited to: securing healthcare, accessing the community, financial management and developing the clients' independence to perform these activities as able.

### **Discharge/Transition Criteria**

At the time of admission, an anticipated transition or discharge date and plan is determined based on a number of factors, including but not limited to: anticipated skill development, expected discharge disposition, family/support system ability to support discharge recommendations, availability of discharge supports, as well as funding constraints.

Client readiness for discharge or transition relative to the skill development necessary to move on to the proposed discharge site could include:

- Demonstration of the cognitive ability, medical stability and behavioral/mood control necessary to move on to a more independent setting.
- Demonstration of skills necessary for greater independence and no longer requiring a therapeutically intense environment.

Clients may discharge to home or an independent apartment and access outpatient or home and community services to support carryover of strategies, or may transition to a less intensive/more independent program within the Collage Rehab Partners continuum.

Confirmation of an appropriate living arrangement for the client between Collage Rehab Partners, the client and the contact person designated by the client for such purposes will be made prior to discharge. The client's guardian, funder, health care agent or health care representative, where applicable, shall be incorporated in the coordination of discharge.