



## **Scope of Services - Outpatient, Community & Home Programs**

### **Purpose (Paoli, PGH, NJ, Raleigh, Colorado, Escondido, & Gilroy)**

Community and Outpatient Services include comprehensive evaluation and intensive rehabilitation services through medical and therapy interventions. Services are typically provided in the outpatient clinic/office, but can also be provided in the client's home, community, and/or work setting, or a combination of all settings to support generalization of skills and meaningful recovery. A full range of therapies is available, to include speech/language therapy, physical therapy, occupational therapy, psychology, neuropsychology, therapeutic recreation, and case management. Treatment specialties include cognitive rehabilitation, neuropsychology, vestibular treatment, pain management, vocational evaluation, job coaching and interactive metronome therapy. Services are typically provided up to five days a week during business hours. Once intensive therapy goals are achieved, transition to services in the home & community Services may occur to provide structure and support to further functional gains.

### **Admission Criteria**

A Clinical PAS Evaluation is conducted and program acceptance is guided by the following criteria (exceptions may be made on an individual basis):

- Primary diagnosis of brain injury (other neurologic diagnosis may be considered on a case by case basis)
- Minimum Age: 18 years
- Not actively engaged in substance use/abuse
- Must be able to walk or use of an assistive device for mobility
- May require minimum-moderate assistance with Activities of Daily Living
- Must be medically stable. The medical acuity of each client is determined as part of their intake evaluation and their subsequent admission is based on the outpatient staff's skills and abilities to meet the identified need.
- Behavior: Clients generally demonstrate behaviors that are socially acceptable to the community at large, and any problematic behaviors are low intensity/low frequency. Clients who are actively suicidal, homicidal, a known history of sexual predatory or pedophile behaviors, or who have been charged with a violent crime are not suited for these services. If living alone, clients must possess the necessary behavioral and communication skills to live or work in a community setting.
- Commitment to a consistent participation in services.

Spinal cord injuries can be a 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 is 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.

Clients demonstrate potential for improvement in areas of cognition/communication, visual perception, mobility, independent living skills, interpersonal and behavioral skills, leisure activities/lifestyle, and/or vocational/educational endeavors.

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 regulation.

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 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.

For Community and Outpatient Services, clients typically live within a two-hour travel radius of the designated outpatient clinic. Involvement of a significant person (family or friend) in the client's life is preferred. Schedules will consider the client's participation restrictions and preferences.

## **Services Offered**

### Comprehensive Evaluation:

The Comprehensive Evaluation provides a proactive, coordinated and outcome driven approach targeting cognitive, physical, behavioral and emotional skills and needs. Reasons for referral for a comprehensive evaluation include: assessment of skills, development of treatment recommendations; readiness to return to work; determination of support and supervision needs; and/or change in function, behavior or medical status.

The assessment process includes clinical interviews, medical evaluations, behavioral observations, standardized testing, and assessments designed to evaluate cognitive and physical abilities as well as strengths and weaknesses. The evaluation also looks at the individual's awareness of disability, strategy utilization and coping skills. Specific recommendations are developed which can serve as the basis for treatment planning.

### Comprehensive Therapy Program:

The Comprehensive Therapy Program consists of 3 - 5 days per week of services. The program combines treatment in the clinic as well as structured activities or tasks in the home and community. Traditional therapies and services including physiatry, neuropsychiatry, physical, occupational, and speech and language therapies, psychology, neuropsychology, cognitive rehabilitation therapy, therapeutic recreation therapy as well as substance abuse counseling are provided through individual therapy, group therapy, and brain injury specialists who support implementation of strategies in home and community settings. Services focus on the development of systems and strategies necessary to support medical and mood stability and to maximize optimal participation and resumption of life roles in the community and at home.

### Individual Therapy Services:

Clients may also be referred for individual therapy services. Traditional individual therapy services which are offered include: speech/language, occupational or physical therapy, cognitive rehabilitation therapy, substance abuse counseling, neuropsychology and psychology, and therapeutic recreation therapy. Specialty services including neuropsychological evaluation, dysphagia treatment and vital stimulation, interactive metronome therapy, biofeedback and family education and support can be provided. Often, clients with mild brain injury are referred for individual therapy services targeting vestibular therapy, development of compensatory cognitive strategies, psychology and return to work services. Single service/individual therapy clients are assigned a case manager and who will facilitate referrals for additional services as needed.

### 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 systems' understanding of brain injury and the compensatory strategies needed. Where possible, forums provide opportunities for family interactions to include spouses and other family members in support of education and counseling. Training can occur through a structured curriculum in addition to individual meetings with the therapist, in the client's home and in the community as appropriate.

### **Discharge Criteria**

Outpatient Services are typically therapy intensive and may be concluded as the client meets identified treatment goals and within the limits of their funding parameters. Once initial goals are achieved, transition to services within the home and community may occur to provide additional services, structure and support to promote the generalization of skills and functional gains.

Clients who demonstrate an inability to be maintained safely within their home/community will be referred to a more structured and supervised setting.

The client's discharge will be coordinated between Collage Rehab Partners, the client, the funder, and the contact person designated by the client for such purposes. The client's guardian, health care agent or health care representative, where applicable, will be incorporated in the coordination of discharge.