



Scope of Services for - Supported Living Programs

Purpose

Collage Rehab Partners' Supported Living System (SLS) provides medical, aging and community residential services to individuals in a variety of settings including small and large group homes, and community-based apartments. Services are provided seven days a week, 24-hours a day. The Supported Living sites are structured to provide treatment models which focus on neurobehavioral management, medical supervision and support, as well as community re-entry and respite services. This continuum continues to support the clients as their life needs change.

Admission Criteria

A Clinical PAS Evaluation is conducted and program acceptance is based on the client's need for and potential to benefit from a structured program designed to support independence in daily living skills, develop vocational/avocational skills, enhance participation in social and recreational activities in the residence and the community and increase self-awareness.

- 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

Spinal cord injuries can be considered. 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.

Neurobehavioral Program (Philadelphia, Louisiana, Creedmoor, Colorado)

- 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 be evaluated and approved by Collage Rehab Partners' Executive Team.
- Must be medically stable and cannot require 24-hour nursing care. Treatments

or procedures, including tube feedings, tracheostomy care, injections and skin care treatments, can be provided; all treatments and procedures are evaluated on a case by case basis. Clients cannot require intravenous therapy or be ventilator dependent.

Medical Houses (Philadelphia, Pittsburgh, Raleigh):

- 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 intensity/low 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 be evaluated and approved by Collage Rehab Partners' Executive Team.
- Rehabilitation Nursing oversight provided; daily nursing care 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.

Community Residential Settings (Houses and Apartments - all locations)

- Requires a structured program and may require 24/7 or intermittent supervision
- Able to accommodate any level of mobility impairment
- May require minimum to moderate assistance with Activities of Daily Living
- 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, 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 be evaluated and approved by Collage Rehab Partners' Executive Team.
- Must be medically stable and do not consistently require 24-hour nursing care.
- For the apartment settings, clients must show competence in completing activities of daily living. Competence does not necessarily mean independent completion of the activity, but rather the willingness to accept feedback and/or support to complete the task. The client must be willing to allow staff access into their apartment and participate in their program. The client should be able to demonstrate an awareness of safety principles in case of fire or danger. In the apartment programs, clients must be able to recognize situations that require routine judgment and problem solving and contact staff for assistance when needed.

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 by 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 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.

Treatment Models

Neurobehavioral program: Long term supported group home settings provide an intensively staffed and structured environment for individuals who demonstrate problematic behaviors of a low frequency and low to moderate intensity. Treatment focuses on the utilization of compensatory strategies to manage the behaviors, increase the client's awareness and develop a stable activity plan. Collage Rehab Partners' Neurobehavioral Services are designed for individuals who require an intensive neurobehavioral environment. The program provides a highly specialized therapeutic milieu. All staff are Crisis Prevention Institute (CPI) certified and trained in behavioral management techniques, neurocognitive interventions, data collection and advanced rehabilitation skills. While the goal of these services is to identify and address the cause of behavioral issues so that the individual can move on to a less intensive environment, these services are also available for individuals who require this level of service on a long-term basis. Collage Rehab Partners' Neurobehavioral Supported Living Program is provided in group home settings which are intensively staffed and structured for individuals who demonstrate problematic behaviors of a low frequency and which are low to moderate in intensity. Treatment focuses on the utilization of compensatory strategies to manage these behaviors and increase awareness as well as develop a stable activity pattern.

Medically focused program: Group home settings provide an intensive, structured milieu for individuals who require a high level of support and assistance on a 24-hour

basis. Clients require moderate to maximum assistance to complete self-care tasks and to assist with functional mobility. Clients may require medical and nursing interventions, assistance and routines to address issues including bowel/bladder, skin integrity and swallowing. A highly structured routine provides the client with opportunities to practice ADL skills consistently which is crucial to their continued rehabilitation, medical and functional stability.

Community Residential Services: Houses and apartments that provide a structured program and 24/7 or intermittent supervision as determined by client need. Apartment clients are expected to use recommended strategies and systems to complete daily living and room care/apartment care tasks as safely and independently as possible. Clients are expected to assist in the completion of ADLs and are provided the necessary level of assistance to do so. Levels of assistance are modified as the client's ability to perform these tasks changes.

Treatment Approaches

Stable Activity Plan - Vocational/Avocational Activities:

- Vocational: Clients participate in differing levels of vocational programming. The vocational activities can be competitive employment, volunteer placement or educational/training courses. Clients can be provided with work readiness activities, job placement assistance and vocational counseling as needed. Job coaching can be provided as funded and needed.
- Recreational and Leisure Activities Support: The goal of recreation within the Supported Living System programs is to assist the client in developing and maintaining the ability to participate in an active, substance free leisure lifestyle in which recreational, vocational/avocational, and residential activities are balanced. Clients are assisted in using public transportation, accessing community resources, and developing lifelong leisure pursuits. Clients' leisure plans target their ability to utilize free time, to develop substance free lifestyles, to address sexuality issues, and to incorporate the client's personal goals and wishes. For those clients at risk, individual substance abuse counseling, participation in local AA/NA meetings, and relapse prevention skill development is available. A primary focus for these clients is the establishment of a stable activity pattern that includes the social network and supports necessary to maintain a sober lifestyle.

Self-Awareness/Self Determination:

Clients work towards enhancing problem-solving and self-management skills. Intensive staff involvement assists clients with learning and consistently practicing strategies to compensate for barriers. Clients receive education to increase awareness of strengths and barriers. Staff provide consistent feedback about the impact the client's behavior has on themselves and others. The ability to use compensatory strategies to anticipate how situations can be handled is essential for the client to increase autonomy and independence.

Therapy Services:

Comprehensive evaluations are completed annually and skilled therapy services are available as needed / per clinical recommendations. Typically, therapy services are

intermittent in nature, as the client's physical and cognitive needs change over time.

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's/support system's understanding of brain injury and the compensatory strategies needed. Training occurs in the residential settings, 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 personal care services are provided which include housing, meals, assistance with activities of daily living, instrumental activities of daily living, which include but are not limited to securing healthcare, accessing the community and developing the clients' independence to perform these activities as able.

Discharge/Transition Criteria

The Supported Living System can be a long-term living option for clients who continue to require ongoing services and intervention. A number of clients demonstrate, over time, the ability to move along the continuum and live in a more independent setting. Client readiness for discharge or transition is based on the demonstration of skills necessary for greater independence and who no longer require the level of support and supervision provided by the current program.

Clients may discharge to home or an independent apartment and access outpatient or home and community services to support carryover of strategies as needed, or may transition to a more independent program within the Collage Rehab Partners continuum. Alternatively, clients who demonstrate an inability to be maintained safely within the program and 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 healthcare representative, where applicable, shall be incorporated in the coordination of discharge.