

## Scope of Services

Resilient Life Care Brain Injury Services uses a partnership approach with the patient, family, and support system to focus on prevention, reducing activity limitations, and maximizing the quality of life for individuals age 18 and older who have experienced an acquired brain injury. In addition to the care that the interdisciplinary rehabilitation team provides during a person's stay, the program also provides resident/family education and training to prepare residents and their families for discharge, to coordinate equipment needs and home modifications, and to provide information on lifetime health and wellness resources.

1. Candidates with the diagnosis of an open or closed brain injury (defined in Admission Criteria)
2. The program does not manage anyone with a ventilator or tracheostomy or individuals with a spinal cord injury in addition to their brain injury
3. Candidates must be 18 years of age or older
4. Services are provided in a 24-hour residential program within the community
5. Hours of Operation: 24 hours, 7 days per week; 365 days per year
6. Frequency of Services are tailored to meet the needs of each person served; sample schedules are available for review
7. The following services are available for individuals who are admitted:
  - Medical Director/Physiatrist (onsite weekly, on call 24 hours per day)
  - Psychiatry
  - Neuropsychology
  - Nursing
  - Physical Therapist
  - Occupational Therapist
  - Speech Therapist
  - Behavior Analyst
  - Counseling
  - Drug and Alcohol Counseling
  - Clinical Psychology
  - Mental Health Services
  - Psychiatry
  - Vocational Services
  - Music and Art Therapists
  - Peer Support Services
  - Yoga

\*\*\*These services are provided by team members directly employed by RLC, and others who work collaboratively with the Resilient Life Care organization.

- If services not available within Resilient Life Care, referrals, contracts, or consultations are made for these services, which may include, but are not limited

to: cognitive rehabilitation, durable medical equipment, caregiver/family services, rehab engineering, and driver's assessment and education.

8. Payer/Funding Sources: Insurance, Private Pay, Worker's Compensation, Liens, Legal Settlements, Trust Funds
9. Fees are based on the intensity and number of services identified to meet the needs of the individual. OT, ST, Behavior, Counseling, Yoga, Art and Music Therapy are provided directly within the resident environment.

Throughout the admission, rehabilitation program and discharge process, the program seeks to individualize programming and identify parameters regarding each individual resident served including:

- a. Ages – 18 and older
- b. Activity limitations – Resident must be able to meaningfully interact with the community
- c. Behavioral status – RLC is not a behavioral health home and cannot tolerate property destruction or physical aggression on an on-going basis.
- d. Cultural needs – RLC welcomes a diverse resident group. As such, efforts will be made to recognize and celebrate cultural differences.
- e. Impairments – RLC accepts residents with physical and cognitive impairments and will make individualized accommodations as needed for functional success.
- f. Intended discharge/transition environments – The intended discharge environment is the highest level of autonomy possible post discharge. In most respects, this is a discharge to home.
- g. Medical acuity – With nurses on every shift, RLC is able to meet many medical needs and can temporarily bring in RN to address short term needs such as wound vacs, Picc line infusions and other issues. These issues would need to resolve in a reasonable period of time and the resident would need to continue therapies while under treatment.
- h. Medical stability. - RLC residents must be medically stable or discharged to a skilled level of nursing care.
- i. Participation restrictions. - RLC residents must be able to participate in formal therapies at least 12 hours per week.
- j. Psychological status – Psychological status will be review as necessary by the RLC psychologist and discharge to a behavioral health facility will occur for rapidly deteriorating psychological status changes.

This scope will be reviewed at least annually and updated as necessary. The program shares this information with:

- (1) Persons served.
- (2) Families/support systems, in accordance with the choices of the persons served.
- (3) Referral sources.
- (4) Payer and funding sources.

- (5) Other relevant stakeholders.
- (6) General public.