



## Scope of Services for Outpatient NeuroRehab and Home and Community

### **Purpose:**

To provide a description of the scope of services available and ensure that all relevant stakeholders are aware of the services available.

### **Responsibility:**

- Clinical Director
- Administrative Supervisor
- Executive Director Healthcare Services

### **Procedure:**

**Population Served** – Goodwill Northern New England outpatient NeuroRehab & home and community base programs provide services for individuals with acquired brain injury/condition ages 7 through geriatric. Referral to specialist will be made if comprehensive treatment for spinal cord injury is required.

**Setting** – Goodwill Northern New England outpatient NeuroRehab & home and community base services are offered at the individuals home setting, within the community or at one of our two main locations. The main locations are:

- NeuroRehab Services of Scarborough– 8 Science Park Road, Scarborough, ME
- NeuroRehab Services of Lewiston– 618 Main Street, Lewiston, ME

**Service Delivery** – Goodwill Northern New England outpatient NeuroRehab & home and community base services are Monday – Thursday 8am to 6:30pm and Friday 8am to noon. Other appointments available as needed. The frequency of treatment is determined by individual needs.

**Payer Source** – Payer sources include Workers' Compensation; State Medicaid; Medicare; commercial insurance and private pay. Other payer sources may be identified during the admission process and will be reviewed as needed by the Clinical Director, Admission Coordinator, Administrative Supervisor, and Executive Director Healthcare Services.

**Fees** – Fee for services are dependent upon the funding source. Funding and benefits information is reviewed with the individual prior to the start of services. For clients receiving services through the McCare Section 18 Waiver, services are approved prior to the start of services with a defined number of hours (up to 18) that the client has been approved to receive.

**Referral Sources** – Referrals may come from:

- Family members
- Physicians
- Guardians
- Case managers/Care coordinators
- Self-referral
- Funding sources
- Commercial Insurance case managers
- Healthcare discharge planners

***Services Offered by Program:***

- Physical therapy
- Occupational therapy
- Speech therapy
- Recreational therapy
- Neuropsychology
- Community access and integration (as defined in plan of care)
- Group programming
- Nursing
- Case management

***Services Available by Referral to Community Resource:***

- Physician services
- Psychiatric services
- Specialty services (ex. Neurology, Dermatology, Urology, Optometry, etc.)
- Substance abuse
- Other services as needed

***Communication:***

The scope of services is communicated to the client, families/guardians/caregivers and other stakeholders through the admissions process.

Billing information is coordinated through the billing department. Clients, families/guardians/caregivers and other stakeholders can contact the Billing Manager at 774-6323 for any billing related questions.

General information regarding the scope of services offered is available to the general public through the admissions department and through the organization website.

***Review of Services:***

- Once an individual has attended the intake appointment the Clinical Director will determine the evaluations that will take place. The following will be taken into consideration:

- activity limitations
- behavioral status
- cultural needs
- impairments
- intended discharge/ transition environments
- medical acuity
- medical stability
- participation restrictions
- psychological status

Denial of services may be made if it is determined that an individual's behavioral status, degree of impairment, medical acuity, pain status or psychological/psychiatric condition would hinder participation or progress in the clinic.

At the completion of the evaluations, the team will determine what goals have identified for the individual. The assigned case manager will review the goals with the individual (and guardian, if applicable) and develop the plan of care. Services provided to the client are reviewed, at a minimum, every six months. Most often, consistent reviews are happening and adjusted as needed. Additional service needs, reduction in needed services, or changes in delivery methods are identified in meetings and appropriate changes are made.

Changes to the plan of care are reviewed with the client and guardian.

### **Exceptions**

None

### **Related Information**

- Admission process & criteria
- Intake process
- Client handbook
- Billing forms
- Insurance verification