

**RETURN! OUTPATIENT BRAIN INJURY**  
**Scope of Service**

<b>Statement of Purpose:</b>	To provide comprehensive, goal-directed outpatient therapy/services in a day treatment setting to persons whose primary diagnosis is brain injury. The program demonstrates an awareness of and respect for the diversity of the people with whom it interacts including but not limited to: culture, religion, gender, sexual orientation, spiritual beliefs, language and socioeconomic status. Treatment is designed to prevent and/or minimize chronic disabilities while restoring the person to an optimal level of physical, cognitive, and behavioral function within the context of the person, family and community.
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<b>PROGRAM GOAL</b>	<b>Program Goal:</b> To provide an outpatient interdisciplinary program under the direction of the program coordinator in a designated space in our medical facility. The intended outcomes are to: maximize the person's cognitive, ADL and physical functioning, optimize his/her communication, social and coping abilities and enhance behavioral functioning. Efforts are focused on the person returning to their highest level of functioning in the community, vocation and home.
<b>ADMISSION CRITERIA</b>	<ol style="list-style-type: none"> <li>1. Minimum age of 18.</li> <li>2. Medical stability</li> <li>3. Primary diagnosis of acquired brain injury requiring intensive and comprehensive cognitive, behavioral, physical, and psychosocial services.</li> <li>3. No ventilator care</li> <li>4. Ability to perform basic ADL's with minimal assistance or cueing</li> <li>5. Reliable two-way communication.</li> <li>6. Ability to modify behavior with repetition and cueing.</li> <li>7. Reliable toileting with minimal assistance</li> <li>8. Could significantly benefit from and is physically and mentally able to participate in a group setting, which includes physical, occupational and speech therapies.</li> <li>9. Expectation that the patient will make significant functional improvement while in the program.</li> <li>10. Physician, agency, or hospital referral.</li> <li>11. Financial eligibility.</li> <li>12. Reliable transportation arrangements</li> </ol>
<b>REFERRAL/FUNDING SOURCES</b>	Public at Large, Medical Community, Private Insurance, Medical Assistance and Worker's Compensation.
<b>FEES</b>	RETURN! staff will review a written disclosure statement with the RETURN! client upon admission and obtain a signature on this disclosure document. Expenses (co=pays, etc.) are discussed prior to admission with the client and caregiver to ensure they are comfortable with costs associated with RETURN! before entering the program.
<b>PERSONS SERVED</b>	A population consisting of persons with a primary diagnosis of acquired brain injury resulting in residual deficits and disability.

<p><b>SERVICES PROVIDED</b> are determined by physician orders and assessment by individual therapist/team.</p>	<ol style="list-style-type: none"> <li>1. Physical Therapy</li> <li>2. Occupational Therapy</li> <li>3. Psychology</li> <li>4. Neuropsychological Testing</li> <li>5. Speech Language Pathology</li> <li>6. Physical Medicine and Rehabilitation Service</li> <li>7. Social Work/ Case Management</li> <li>8. Pre-vocational services</li> <li>9. Orthotics/Prosthetics</li> <li>10. Nutritional Services</li> <li>11. Education Service for patient/family regarding BI sequel, treatment and resources.</li> <li>12. Consults for any related medical or social needs.</li> <li>13. Group/individual therapy 5 hours per day from 9:00 a.m.–3:00 p.m. Lunch Break: 12:00-1:00.</li> <li>14. Attendance from 2-3 days per week on Weekdays (No clinical program on Wednesday).</li> <li>15. Community Outings</li> <li>16. Meal planning and preparation</li> <li>17. Supervision of clients as needed.</li> </ol>
<p><b>DISCHARGE CRITERIA</b></p>	<ol style="list-style-type: none"> <li>1. Vocational readiness apparent</li> <li>2. Clinical goals met</li> <li>3. Maximized potential in program</li> <li>4. Significant lack of participation</li> <li>5. No viable funding exists</li> <li>6. Admission to hospital/Acute medical instability</li> <li>7. Significant Behavioral disruption</li> </ol>

Rev: 1/3/25