

Program Description / Disclosure Statement for CWC's Acquired Brain Injury Services 2017

Three 24/7 Residential homes: The Charlotte White Center's Level III Residential Housing Programs for Individuals with Acquired Brain Injury, (ABI) provides services to six individuals in a home in the Bangor area, six individuals in one home in Dexter and a four bed home in Glenburn with a Community Apartment for one individual right next door.

CWC's Acquired Brain Injury homes provide focused person centered care, rehabilitative, personal care and behavioral health services in support of an individual's ability to live in a residential setting. Residential employees are present nightly and at all other times when the residents are home. The support professionals provide services that enable the residents to maximize and maintain their independence and self-direction.

These homes are physically integrated into the Bangor, Dexter, and Glenburn communities and every effort is made for these residences to approximate other homes in the neighborhood. The Bangor home, Church Road, is a six bed home for males and females who are 18 years of age or older. (The current age of residents range from thirty years old to mid-fifties). The Dexter home, Garland Road, is a six bed home for males and females who are 18 years of age or older. (The current age of the residents range from mid-forties to late-fifties.) The Glenburn home, Beech Grove, is a four bed licensed home for males and females who are 18 years of age or older. (The residents ages range from mid-thirties to mid-fifties). This home also has an apartment a short distance from the home that allows for one individual to live more independently in a community residence.

Program eligibility requires the individuals to have a diagnosis of acquired or traumatic brain injury and determined to be medically and financially eligible as set forth by MaineCare regulations. These programs are for adults whose legal residence is the state of Maine. CWC accepts all functioning levels/intellectual capabilities of any individuals, as long as the program is able to meet each individual's needs. The programs ensure that all resident's medical, emotional, physical and cultural needs are met by consulting with outside agencies/personnel as needed.

All of CWC's ABI residential homes provide focused person centered and rehabilitative care in support of an individual's recovery in a residential setting, and to restore the resident to his or her best possible functioning level. Our 24/7 homes provide rehabilitative care and for that reason the homes are drug-free. This means that any use, transfer, distribution, manufacture or possession of alcohol, controlled substances, unauthorized drugs, intoxicants, drug paraphernalia, or any combination thereof is not allowed at the home, including vehicles parked at the home. All residents must abide by this policy in order to reside at any of these residences.

The Charlotte White Center's Brain Injury Program delivers services, in residential homes that focus on the person's unique medical, physical, cognitive, communication, psychosocial, behavioral, vocational, educational, accessibility, and leisure/recreational needs of its residents with acquired brain injury. The program provides services that address:

- Minimizing the impact of impairments and secondary complications;
- Reducing activity limitations;
- Maximizing participation, including wellness, quality of life and inclusion in the community;
- Decreasing environmental barriers and
- Promoting self-advocacy

We recognize the individuality, preferences, strengths, and needs of the individuals we serve and their families/support systems.

CWC's acquired brain injury programs utilize current research and evidence to provide effective rehabilitation and supports future improvements by advocating for brain injury research.

We try our best to partner with the individuals we serve, families/support systems, and outside providers to foster an integrated system of services that optimizes recovery, adjustment, inclusion and participation. CWC engages and partners with providers to increase access to services by advocating for persons who have sustained a brain injury to regulators, legislators, educational institutions, research funding organizations, payers and the community at large.

The following services are provided at CWC's Residential:

- Rehabilitation treatment in order to maximize each resident's ability to be as independent as he/she can be.
- Assistance with or supervision of activities of daily living including bathing, dressing, eating, toileting, ambulation, personal hygiene, grooming, and the performance of incidental household tasks essential to the activities of daily living and to the maintenance of the resident's health and safety.
- Supervision of or assistance with administration of physician ordered medication.
- Personal supervision and monitoring of each resident to ensure his/her health and safety, reminding the resident to carry out activities of daily living, and assisting each resident in adjusting to the facility and the community.
- Assisting in arranging transportation and making phone calls for appointments as recommended by medical providers or as indicated in the resident's plan of care.
- Observing and monitoring resident's behavior and reporting changes in the resident's normal appearance, behavior, or state of health to medical providers or supervisory personnel, as appropriate.
- Evaluating and facilitating the achievement of predicted outcomes for the residents served in the areas of behavior, cognition, communication, medical, pain management, physical issues as well as psychological and vocational issues.
- Reinforce the goals and services provided by the individual's day program, therapy services, (OT, PT, Counselor, Neuropsychiatric, etc.).

Employees Qualifications:

Employees are trained in Direct Support Professional Training, Acquired Brain Injury, CPR, First Aid, Mandt, Standard Precautions, Fraud and Abuse, Neglect, Exploitation, Documentation, Confidentiality, Emergency Protocols, reporting Incident/Accidents and Defensive Driving.

Direct Care Employees provide skills training, rehabilitation or personal care, as documented as a need on the resident's care plan. The various areas will either be provided by direct care employees or direct care employees will train the resident. There is treatment oversight by CWC's Clinical Director or our Neuropsychologist.

Administrator's Responsibilities:

The administrator of the homes has the necessary authority to coordinate the provision of care and knowledge of the rehabilitation program. The administrator is responsible for the following, which is not limited to: overseeing the entire home, care providers, residents served, financial matters, provide staff and residents with education and appropriate trainings, refer the residents to appropriate services, and be an integral part of each resident's team.

The administrator coordinates the provision of care to ensure the residents served achieve predicted outcomes by demonstrating the competencies which support the clinical coordination of care. The administrator secures ongoing medical input and care from CWC's Clinical Director, Occupational Therapists, Physical Therapists, Neuropsychologists, primary care physicians, day program staff, therapists, each resident's team and any other needed providers. The administrator facilitates the decision-making processes regarding intake, assessments, service planning and service provision, as well as discharge and transition planning. The administrator with assistance from the Clinical Director or Neuropsychologist, also facilitate the gathering of information to assist in the follow-up activities, to ensure that the discharge and transition planning arrangements are completed and are communicated to the appropriate stakeholders and facilitate the implementation of the transition or discharge recommendations.

Waiting List:

CWC is not allowed to keep a waiting list for any ABI home or take any formal referrals for these homes. All requests or referrals are directed to the Program Manager of Brain Injury Services at OADS/DHHS. CWC is proactive in assisting individuals within our network by providing information to our providers, recipients, stakeholders, etc. and we are involved with the Brain Injury Network.

Transfer or Discharge:

In keeping with the mission of Charlotte White Center, our programs are designed to assist, support, and enable our residents/individuals with acquired brain injury to attain a higher level of neurobehavioral function. Given the person-centered nature of our treatment plans and care plans, which involve input from stakeholders and any relevant medical personnel/providers, there are three possible Discharge/Transition Plans. The first involves transitioning our residents to a less intrusive environment outside their home. This may take the form of placement in an apartment with daily living skill assistance or community rehabilitation services, an apartment with home health service assistance, or a return to their former place of residence prior to the acquired brain injury. The second involves transitioning the resident to a higher level of independence within his/her current facility. This is based on the resident's person-centered or individual treatment plan and is routinely assessed via the Mayo Portland Assessment, Comprehensive Assessment, Medical Eligibility Assessment or an Occupational Therapy Evaluation. The last type of transition plan involves transitioning the resident to a more restrictive environment should the resident exhibit a significant decline in function that may or may not be related to their acquired brain injury or exhibit medical or other complications that exceed our staff's competence and capabilities. Consideration would then be given to placement in a more restrictive environment, such as a nursing home, hospital, or inpatient rehabilitation facility.

Whenever a resident is transferred or discharged from a CWC residential program in non-emergency situations, the resident and/or his/her guardian will be given at least 15 (fifteen) days

advance written notice to ensure adequate time to safely transfer to an appropriate placement. With any discharges, a CWC employee will indicate the reason(s)/plan for discharge on a discharge form and it will be placed in the resident's record. Referrals will be made as necessary and all appropriate people will be notified, such as: Guardian, case worker, licensing agency, etc. Appropriate information, including copies of pertinent records will be transferred with the resident to the new placement. There will also be an aftercare plan to ensure that the new placement is appropriate for the individual.

Grounds for Termination from CWC's ABI Homes:

1. Behavior, which poses a continuous threat of danger to self or others.
2. In order for the resident to remain at the facility, CWC has documented evidence that it would have to modify the essential nature of the program.
3. Resident extends absences from the facility beyond what has been established as clinically contraindicative to his/her goals.
4. The resident has not paid for his/her residential services in accordance with the contract between CWC and the resident.
5. CWC has provided documented evidence that a resident has violated the terms and obligations of the admission contract despite reasonable attempts to resolve any issues.
6. The resident's presence has resulted in substantial physical damage to the facility or the property of others residing or working there.
7. CWC has had its license revoked, not renewed or voluntarily surrendered.

HIGHLIGHTS

1. **CARF Survey** – Two consecutive **3 Year CARF Accreditations!!!!**
2. **Expansion of homes in 2016**
 - a. Garland Road went from a 5 bed home to a six bed home
 - b. Opened a 3 bed home, which is now a four bed home, Beech Grove in Glenburn
 - c. Created an apartment for one individual, Beech Grove, Apt. A in Glenburn
3. **Consolidation of homes in 2016 and 2017**

CWC went from having six different homes to three homes and re-opened its first 6 bed home in Bangor, Church Road. With the consolidation of these homes it allows for more veteran staff, oversight by a veteran Administrator and her Assistants and more time for all staff to concentrate on giving excellent care to the sixteen residents.
4. **Licensures**
 - a. All on-going licensed homes have attained two year licensures, which is the highest you can attain and two with **NO** deficiencies!

5. Satisfaction Surveys

- a. In 2015 there was a 96% very satisfied/satisfied outcome on the satisfaction surveys for CWC overall. This is the highest outcome on the satisfaction surveys in twenty years, beating the prior year by 2 points.

6. Goals Achieved by Residents

- a. In 2017, the residents are achieving a 86.33% of their goals!

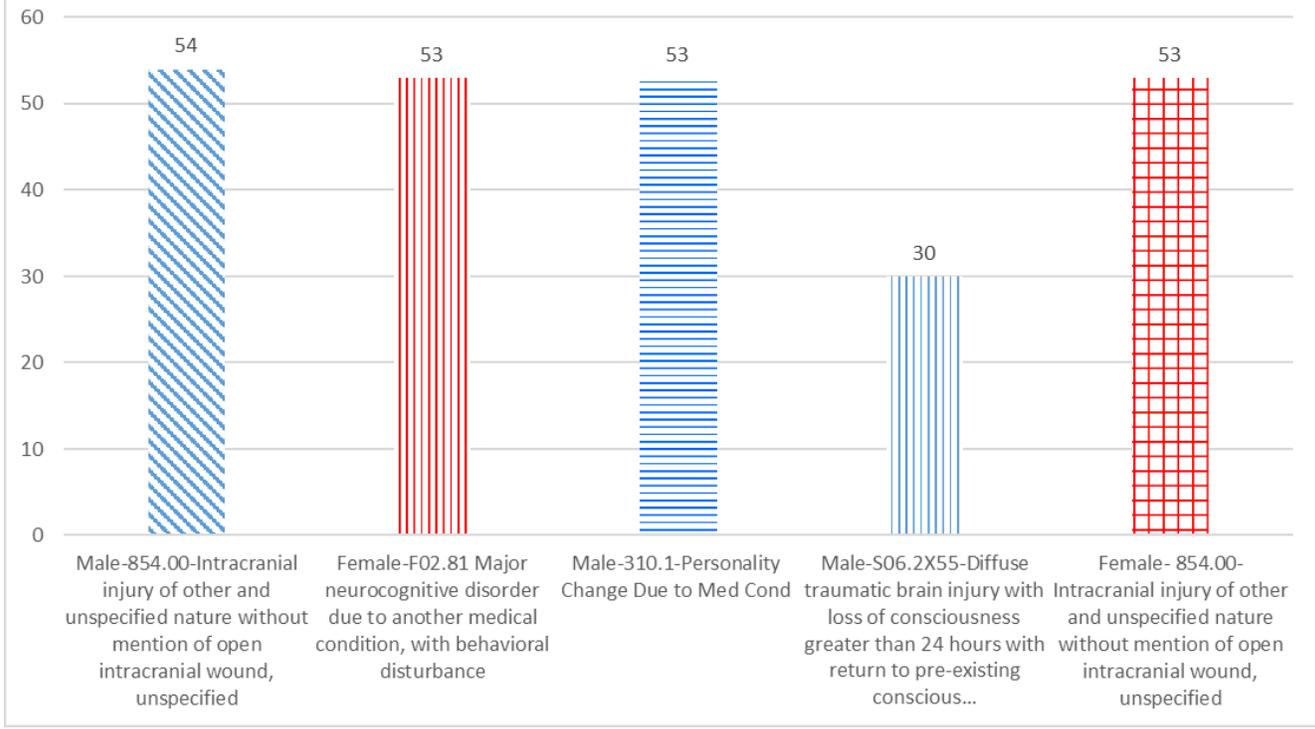
7. Planned Discharges / Transfers

- a. In 2016, four individuals from Church Road wanted to move to Southern Maine which they did. One resident moved to a less staffed CWC home and one individual moved out of a 24/7 staffed home to his own apartment.

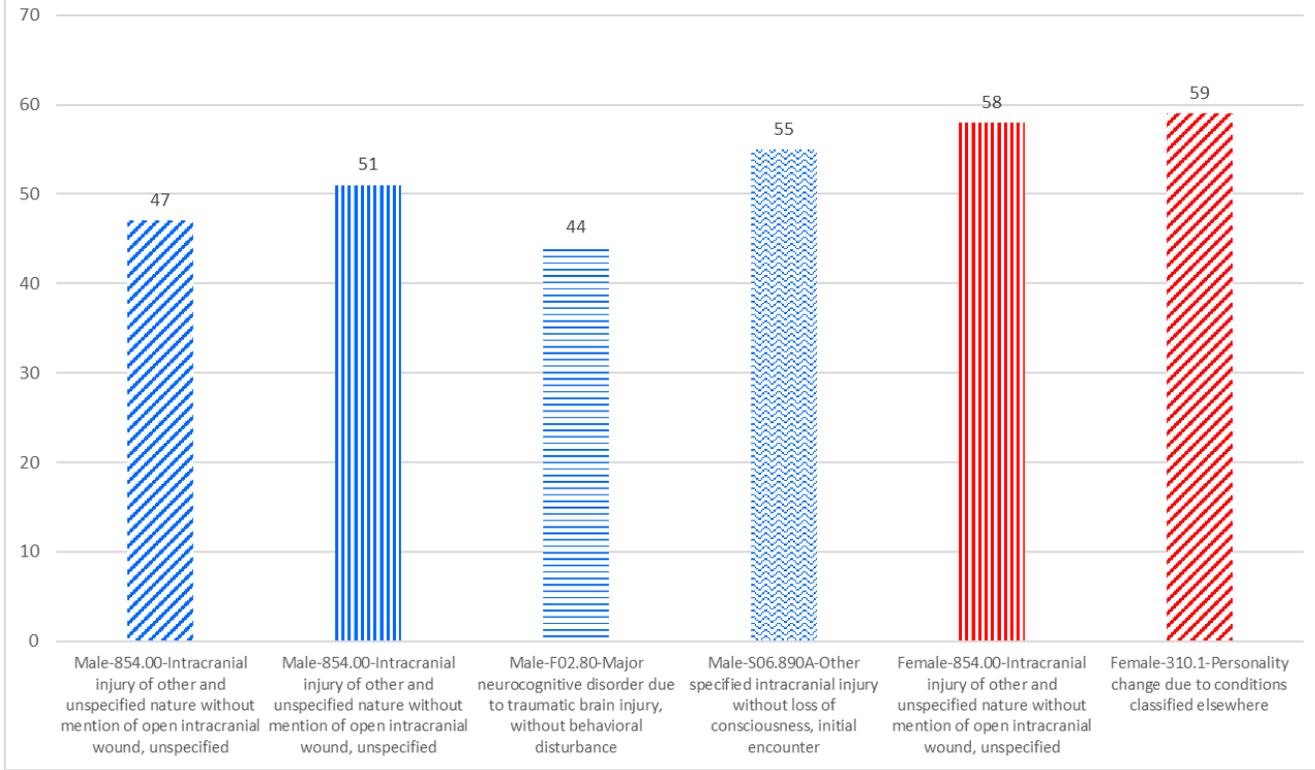
7. Safety

- a. We have received four safety awards!

5 Consumers Served at Church Road With ABI With Age, Gender and Primary Diagnosis



6 Consumers Served at Garland Road With ABI With Age, Gender and Primary Diagnosis



3 Consumers Served at Beech Grove With ABI With Age, Gender and Axis III Diagnosis

