

# Program Plan Rehabilitation Services

## **Executive Director:**

Chief Operations Officer- Morgan Grot- Reports to CEO. Organizes and directs the ongoing functions of CRCC and its programming.

## **Director:**

Director of Clinical Services – Laura Hammond (Oversees both NW and SW) – Reports to COO. Supervises administrative operations.

**Clinical Leads:** Aubrey Brown, OTR/L (SW) and Kelsey Lacy, M.S., CCC-SLP (NW)

## **Administration:**

Therapy Services Administration (Supports both NW and SW –Susan Ellis) – 1 FTE:

*Responsible for* maintaining Plan of Care (POC) lists for all therapists (can be found on 'O Drive>Rehab Therapy>POC Lists>MASTER Rehab Therapy Eval & POC List'), obtaining the following: authorizations for services, MD orders, intake information on clients; add client to waitlist for disciplines needed, enter client information into Freedom (EHR), and other therapy administrative duties.

*Reports to* Laura Hammond, Director of Clinical Operations

## **Staffing**

- Therapists- 5 FTE, 1 PTE/Casual
  - Liza Prusa-OT
  - Ashley Roll-SLP, FT
  - Kelsey Anzai-SLP
  - Ariana Kilgore-PT
  - Rachel Teten-PTA
  - Kylie Young-OT; Casual
  
- Responsible for carrying out skilled therapy services in respective disciplines, collaboration with classrooms/parents/guardians/doctors/etc., completing documentation/paperwork required for each client (i.e. LMN, peer review, AAC evaluation, etc.), and other duties as assigned.

## **Length of Time in Operation**

CRCC Rehab Therapy has been in operation since 2010

## **Program Licensing**

Children's Day Health License (CDHS) through Nebraska DHHS - #CDHS201204

## **Annual Number of Clients Served**

The numbers below were ran by Tammy (Freedom contact) for the previous 5 years.

2018: 228  
2019: 230  
2020: 155  
2021: 181  
2022: 129

## **Populations Served and Eligibility Criteria**

CRCC offers rehab therapy services to eligible individual's ages 6 weeks to 21 years. Frequent diagnoses include, but are not limited to, autism, cerebral palsy, seizure disorders, Down syndrome, genetic disorders, cognitive and developmental delays, prematurity, Fragile X, etc.

A child can qualify for skilled therapy services by scoring below "average" range on standardized or non-standardized assessments that deems the client appropriate for therapy services.

## **Settings**

Facility Locations:

2010 N. 88<sup>th</sup> St. Omaha, NE 68134  
5321 S. 138<sup>th</sup> St Omaha, NE 68137

## **Hours/Days of Services**

Hours of CRCC operation:

SW Location: Monday through Friday 7:00am to 6:00pm.

NW Location: Monday through Friday 6:30am to 5:00pm

Therapist's schedules vary between this timeframe due to caseload variations

## **Frequency of Services/Specific Services Offered:**

Frequency of therapy services depends on individual's medical necessity, which is determined by the treating therapist. The frequency will be indicated in clinical evaluation and sent to the child's primary care provider (PCP) for approval. Once plan is approved by PCP, the treating therapist will execute frequency via the treatment plan.

## **Payer and Funding Source**

CRCC works with a variety of insurances and funding sources to bill provided rehab therapy services. Our authorization specialists work with Medicaid and families insurance to find the correct funding for the needs of the client. CRCC accepts Medicaid, Tricare, BCBS, Healthy Blue, UHC, NTC, Cigna, Aetna, UMR, self-pay, and subsidy/patient assistance.

## **Fees**

Costs of services are determined by patient's insurance and billed treatment codes.

## **Referral Sources**

Caseworkers  
Service Coordinators  
Health Systems  
School Districts  
Current or Previous Clients Families  
Self-referral  
Community Programs

## **Specific Services Offered and How Offered**

CRCC rehab therapy services include occupational therapy, physical therapy, speech therapy, and feeding therapy. A child can receive therapy services through CRCC via self-referrals, external referral (i.e., caseworker, service coordinator, primary care physician, school district, community programs, etc.), as well as internal referral (i.e., therapist observation, classroom staff, etc.)

## **Program Philosophy**

CRCC rehab therapy team is committed to providing children with skilled therapeutic interventions to help each child reach their fullest potential. Therapists provide comprehensive care by utilizing a multi-disciplinary approach by collaborating with nursing, teachers, other therapists, families/caregivers, and other members of the child's medical/educational team. We believe by utilizing the multi-disciplinary approach can encourage generalization of skills and promotes continuity of care.

## **Program Goals**

CRCC's therapy services are built on a foundation of caring, compassion and skill. In both our outpatient and day programs, our team of physical, occupational, behavioral, speech and feeding therapists work together to provide the highest-quality treatment and deliver a brighter future to the families we serve.

## **Program Modalities**

CRCC physical therapist is trained/certified in Dynamic Movement Intervention (DMI), Level 1. When time allows, PT will train both OT's on staff to also utilize this intervention technique to enhance treatments in OT as well.

## **Spinal Cord Injury Information**

What is it? A spinal cord injury — damage to any part of the spinal cord or nerves at the end of the spinal canal (cauda equina) — often causes permanent changes in strength, sensation and other body functions below the site of the injury.

Types:

- 1) Complete Spinal Cord Injury: No function or feeling below the injury
- 2) Incomplete Spinal Cord Injury: Some function and/or feeling below the injury

Levels:

- 1) C1-C4:
  - a) Paralysis in arms, hands, trunk, and legs.
  - b) The patient may not be able to breathe on their own.
  - c) Ability to speak is sometimes impaired/reduced.
  - d) Requires complete assistance with ADLs.
- 2) C5-C6:
  - a) Paralysis in wrist, hands, trunk and legs.
  - b) The patient can raise arms and bend elbows.
  - c) The patient can speak and use diaphragm, but breathing will be weakened.
  - d) Will need assistance with most ADLs.
  - e) Could move around independently in a power wheelchair.
- 3) C7-C8:
  - a) Paralysis in hands, trunk, and legs.
  - b) The patient has elbow extension and some hand movement.
  - c) The patient may be able to grasp and release objects.
  - d) Most patients can straighten their arms and have normal movement of shoulders.
  - e) The patient can be independent with most ADLs but may need assistance with more difficult tasks.
- 4) T1-T5:
  - a) Paralysis with trunk and legs.
  - b) Injuries usually affect chest, abdominal mid-back muscles, and legs.
  - c) The patient has normal arm, hand and upper body movements.
  - d) The patient can be independent with most ADLs.
  - e) The patients typically use manual wheelchairs.
- 5) T6-T12:
  - a) Paralysis in trunk and legs.
  - b) Injuries usually affect the abdominal, lower back muscles and the legs.
  - c) The patient has normal arm, hand and upper body movement.
  - d) The patient can be independent with most ADLs.
  - e) The patients typically use a manual wheelchair.
- 6) L1-L5:
  - a) Injuries generally result in some loss of function in hips and legs.
  - b) Depending on the strength in the legs, the injured person may need a wheelchair or may also walk with braces.
- 7) S1-S5:
  - a) Injuries generally result in some loss of function in the hips and legs.

b) People with sacral spinal cord injuries will most likely be able to walk.

**Tetraplegia.** Also known as quadriplegia, this means that your arms, hands, trunk, legs and pelvic organs are all affected by your spinal cord injury.

**Paraplegia.** This paralysis affects all or part of the trunk, legs and pelvic organs.

Key facts:

- Every year, around the world, between 250 000 and 500 000 people suffer a spinal cord injury (SCI).
- The majority of spinal cord injuries are due to preventable causes such as road traffic crashes, falls or violence.
- People with a spinal cord injury are two to five times more likely to die prematurely than people without a spinal cord injury, with worse survival rates in low- and middle-income countries.
- Spinal cord injury is associated with lower rates of school enrollment and economic participation, and it carries substantial individual and societal costs.

Spinal cord injuries can cause one or more of the following signs and symptoms:

- Loss of movement
- Loss of or altered sensation, including the ability to feel heat, cold and touch
- Loss of bowel or bladder control
- Exaggerated reflex activities or spasms
- Changes in sexual function, sexual sensitivity and fertility
- Pain or an intense stinging sensation caused by damage to the nerve fibers in your spinal cord
- Difficulty breathing, coughing or clearing secretions from your lungs

Emergency signs and symptoms of a spinal cord injury after an accident include:

- Extreme back pain or pressure in your neck, head or back
- Weakness, incoordination or paralysis in any part of your body
- Numbness, tingling or loss of sensation in your hands, fingers, feet or toes
- Loss of bladder or bowel control
- Difficulty with balance and walking
- Impaired breathing after injury
- An oddly positioned or twisted neck or back

## Psychological effects of spinal cord injury

One study found that spinal cord injuries doubled the risk of mental health problems, with 48.5 percent of spinal cord injury survivors experiencing **depression**, 37 percent facing anxiety, 8.4 percent experiencing **post-traumatic stress disorder (PTSD)**, and **a quarter experiencing clinically significant levels of anxiety.**

**Health and wellness-**

Fitness and wellness. Weight loss and muscle atrophy are common soon after a spinal cord injury. Limited mobility can lead to a more sedentary lifestyle, placing you at risk of obesity, cardiovascular disease and diabetes. A dietitian can **help you eat a nutritious diet to sustain an adequate weight.**

Resources/Support Groups/Community Reintegration

[Spinal Cord Injury Support Groups | SpinalCord.com](#)

[Resources for Your Patients \(neuropt.org\)](#) (Health and Fitness in this one as well)

Caregiver Tips/Help

[Tips for caregivers supporting loved ones with spinal cord injury](#)

[\(encompasshealth.com\)](#)

### **Shares Information with Relevant Stakeholders**

Persons served.

Families/support systems, in accordance with the choices of the person served.

Referral sources

Payers and funding sources.

Other relevant stakeholders.

The general public.